

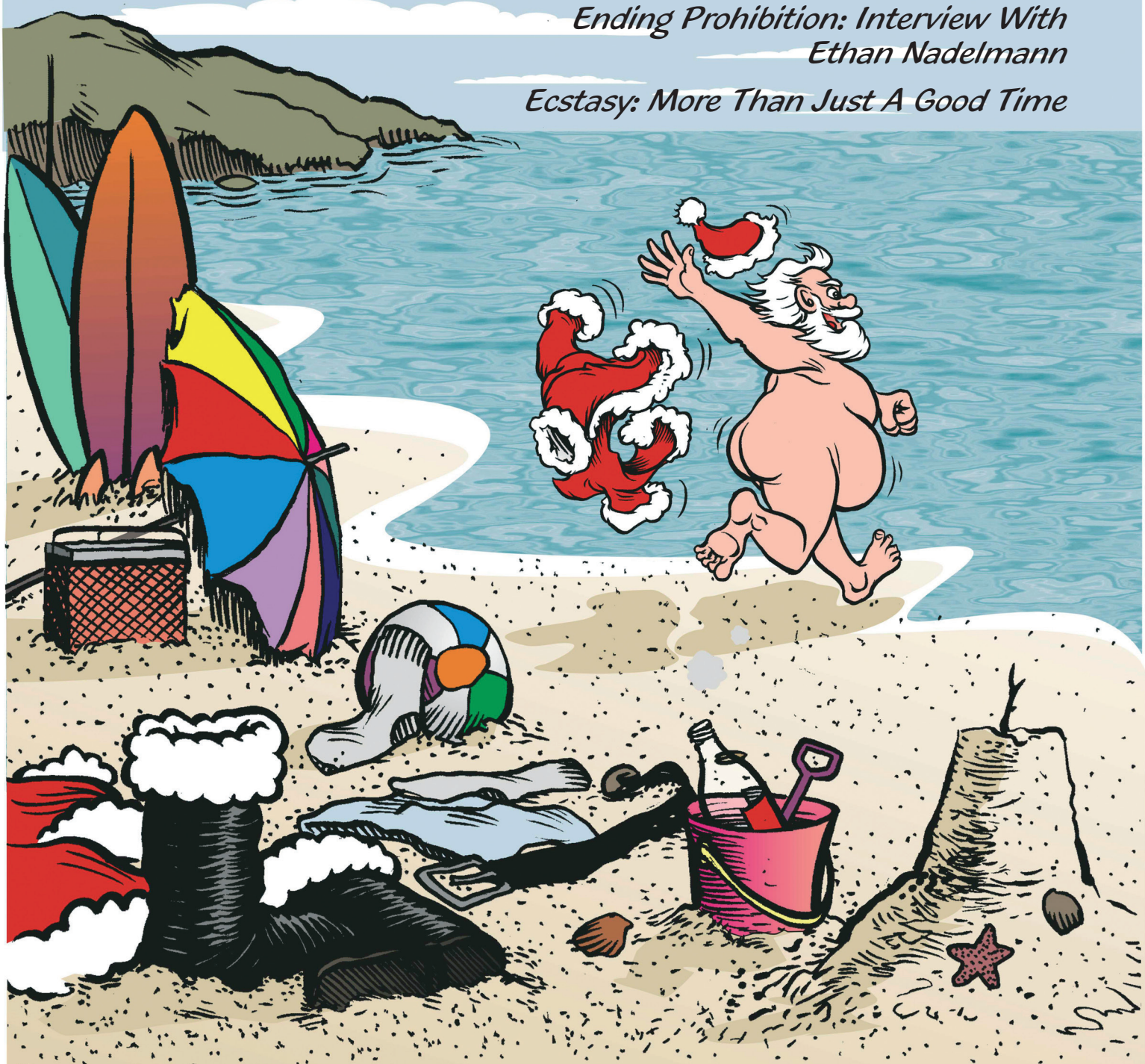
USER'S NEWS

Published by the NSW Users and AIDS Association

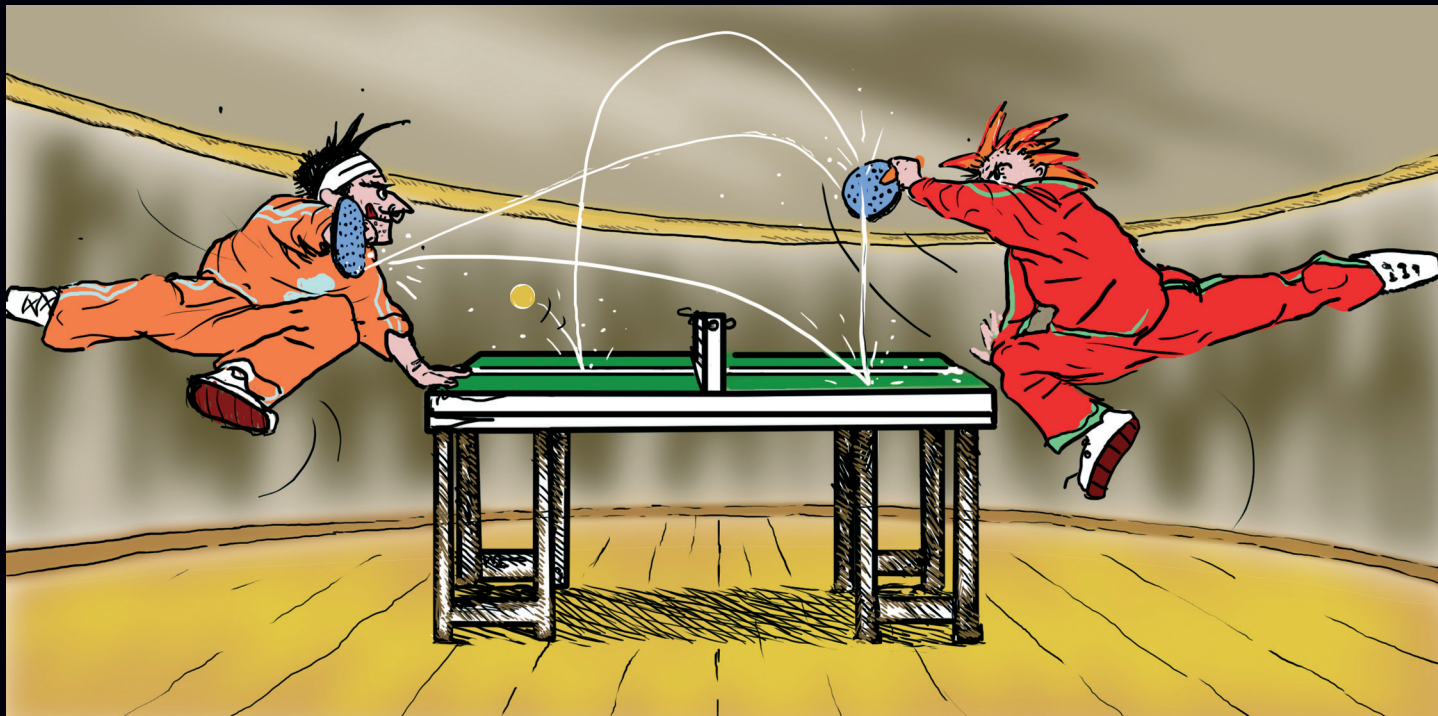
Issue No. 63 Summer 2010

*Losing It Over Christmas:
Surviving The Holiday Madness*

*Ending Prohibition: Interview With
Ethan Nadelmann*
Ecstasy: More Than Just A Good Time



BE A MASTER NOT A ROOKIE



EVERYONE CAN BE AN EXPERT AT OVERDOSE PREVENTION

The Christmas / holiday period, when there's a lot of partying, drugs and alcohol around, can be an especially risky time for overdose.

To avoid overdose this party season:

- Don't mix your drugs
- Be extra careful when using after you've been drinking
- Using pills on top of other drugs (especially opioids) is particularly dangerous. Always be mindful of what you've had before taking something else



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Ecstasy: A Fantasy

editorial

It's December 2017. Sydney's party season is in full swing. People are lining up outside Trance, the world's first nightclub providing ecstasy instead of alcohol. It's still officially a trial, but it's been so successful that most pundits expect high-quality MDMA to be made permanently available.

No one in 2010 would have dreamed that ecstasy would be made legally available in under a decade, but then people still thought Sydney's binge drinking crisis, worsening almost by the week, could be brought under control.

Everything was tried over the next five years: early closures, advertising campaigns, new drunk and disorderly fines, severe restrictions on alcohol advertising. But nothing had worked: teenagers simply mimicked the furious drinking culture fostered so eagerly by the rest of the population.

Meanwhile, the results of a handful of studies into MDMA trickled out. Like other studies overseas they suggested the harms of MDMA were minimal. Yes, a few participants reported troubling high heart rates and giddiness the next day, but overall the adverse reactions resembled those of the myriad of anti-depressants on the market.

When a Greens MP wrote an op-ed piece suggesting a trial of MDMA as an alternative to alcohol, a curious thing happened: instead of the usual barrage of complaints accusing the politician of gross irresponsibility, the letters pages showed support for the proposal. Drug experts pointed to evidence that on nearly every indicator, MDMA was probably safer than alcohol. The State Government was forced to respond, announcing that ecstasy wouldn't be made available on its watch.

In the midst of record-high glassings in the CBD and Coogee, *The Daily Telegraph* ran a headline: "Government Ignores Evidence On Alcohol Alternative". The drug law reform movement had figured out that convincing the media should be a major goal, and the *Telegraph* read the tea leaves suggesting the public was in the mood for something radical.

By now discussion of the idea was rife. The broadsheet newspapers published detailed analysis of the pros and cons of MDMA regulation and experts outlined how a trial might be managed. Talkback radio hosts continued to spread fear about Sydney being awash with drugs but callers increasingly contradicted the views

of their shock-jock masters. Successive opinion polls showed support increasing for a trial. Even the police abandoned their usual oppositional stance – it was difficult for them not to after a report was leaked indicating how much easier it was policing people on ecstasy.

The loudest criticism came from the Australian Hotels Association, but their expensive advertising campaign highlighting the "unknown dangers" of MDMA backfired badly as they became a laughing stock, and their efforts only bolstered momentum for the trial.

The Trance nightclub volunteered to conduct the trial, which required patrons to pre-book and have a health assessment. The MDMA, synthesised especially for the trial, was priced so that the nightclub suffered no net loss after the switch from alcohol. Teams of health professionals roamed the club, making sure patrons were properly hydrated and had the information they needed.

After 12 weeks of operation, with ecstasy made available on Friday and Saturday nights, the preliminary results of the heavily assessed trial were produced. No one died or became seriously ill after taking MDMA, and there was no evidence of dependency.

The most startling effect was on the level of violence: there was none. The trial demonstrated what everyone had known for years: people on ecstasy preferred to love each other rather than fight each other. The aggression that had been a weekly feature both inside and outside the club simply vanished.

Last month, the trial was extended to other clubs. Everyone wants to know if the great success can be sustained and repeated elsewhere. So far the results are the same. Among the more telling observations of the assessment is that young women are particularly drawn to MDMA. (What girl doesn't want to dance?) The boys are naturally following.

Young people now have a genuine choice when letting their hair down and they're embracing it enthusiastically. And studies show that Australia is becoming a gentler country.

Happy New Year!

Gideon Warhaft

Nadelmann Calls for Drug Regulation

Ethan Nadelmann, head of the US-based Drug Policy Alliance, called for liberalisation of Australian drug laws to drive out organised crime at the National Press Club in November.

Nadelmann, who was joined by St Vincent's Hospital Alcohol and Drug Director Dr Alex Wodak, proposed a model of government taxation and regulation of illicit drugs, including prescription of substances such as medical marijuana.

In October, Victoria Police Deputy Commissioner Sir Ken Jones called for a public debate on legalisation of illicit drugs, stating that an informed public should decide.

Sources: *SMH, The Australian, Herald Sun*

See interview with Ethan Nadelmann on page 15.

NSW DPP: Legalising Drugs on My Wish-list

Nick Cowdery QC, NSW Director of Public Prosecutions, has released his own legislative agenda, which includes decriminalising possession and small-scale trafficking of illicit drugs.

Mr Cowdery said that NSW's current approach to illicit drugs was "ineffective, wasteful and inconsiderate of human rights."

The DPP's agenda also includes an end to the war on "abstract nouns such as terror or even terrorism",

and the abolishment of non-parole periods to give judges greater discretion.

Source: *The Australian*

Queensland Studies Up on E

Young ecstasy users are unlikely to suffer worse health or behavioural problems than non-users, according to the Queensland Alcohol Drug and Education Centre.

QADREC studied over 6000 young adults in Brisbane and the Gold Coast. They compared people who'd ekky'd up at least three times in 12 months with those who'd never taken it.

Senior research officer Andrew Conroy said there were "essentially no differences" in the mental health of the two groups as surveyed in telephone and face-to-face interviews.

The study will continue in early 2011 to measure longer-term effects.

Meanwhile, the Queensland University of Technology is looking for 50 e-heads over the age of 18 for its own study of ecstasy and brain development over the holiday and music festival season.

Source: *SMH*

NSW and Victoria: Testing Times

NSW drivers who use cocaine or heroin are unlikely to be caught by police.

The state's drug-testing vans can test only for speed, ecstasy and marijuana under existing laws.

While drug-driving attracts a maximum fine of \$1100 and a six-month driving ban, motorists stopped for saliva swabs are not tested for cocaine or heroin.

Meanwhile, nearly four per cent of Victorians who test positive for drug driving are innocent.

Saliva tests are used in roadside drug testing, which incurs instant licence suspension. However, 62 of the 1618 positive samples sent on to the police drug laboratory in 2008-9 were found to be false.

Sources: *SMH, The Age*

Queensland Cops: Here We Go Again

Queensland's junior police officers have admitted they would turn a blind eye to a colleague who stole confiscated drugs and sold them on the street.

A Crime and Misconduct Commission report has analysed police ethics surveys by recruits and first year constables from 1995 to 2008. The report found about half of those surveyed said they would not report a fellow officer who stole drugs from police property and sold them on the street.

Source: *goldcoast.com.au*

UK Heroin Drought Causing Overdoses

A huge shortage of heroin in the UK is causing a growing number of overdoses.

NEWS

Screens

The heroin drought, caused by a fungus affecting this year's Afghanistan crop, has motivated suppliers to use adulterated heroin or a combination of a powerful sedative, paracetamol and caffeine.

Users can overdose with just a small amount of the fake heroin. Many have reported vomiting, flu-like symptoms and amnesia afterwards.

Supplies of heroin to the UK have dropped by 50 per cent since the Afghan crop was blighted. In an online forum about the draft, one long-term user said, "I've never known anything like it in 30 years."

Source: *The Guardian*

Mexico: Forty Miles of Bad Road

US President Barack Obama has voiced Washington's support for Mexico's continuing battle against drug cartels.

His remarks came in response to the killing of drug cartel boss "Tony Tormenta" by Security Forces following a two-hour shoot-out involving 150 Mexican marines and killing a journalist in crossfire.

In northern Mexico, a 20 year-old university student and mother of one has been appointed police chief of one of the country's most lawless towns.

Marisol Valles Garcia, hailed as "Mexico's bravest woman", took the job in Praxedis Guadalupe Guerre-

ro, a town of 10,000 close to the Texas border, after no one else would.

Her predecessor was shot dead in July 2009. For over a year the town could not find a replacement. Most of its police officers had fled following the murder.

Meanwhile, heroin shipments are increasing across the Mexican border into Arizona, according to US Customs and Border Protection officials. Phoenix law enforcement has seen an increase of skag among local teenagers.

An official speculated that, due to Arizona's border crackdown, Mexican drug smugglers are choosing to smuggle heroin, which is harder for checkpoint inspectors to find, than the traditional bulky marijuana.

Sources: *BBC, telegraph.co.uk, KPHO Phoenix*

English Sportsmen: Throw 'em a Line

English footballers and cricketers have called for cocaine and marijuana to be removed from the prohibited list.

The Professional Footballers' Association and the Professional Cricketers Association have both called for the World Anti-Doping Agency to focus on performance enhancement drugs and to apply a more lenient approach towards recreational drugs.

"For the number of players who have tested positive for cocaine, the consequences are far from performance-enhancing", said PFA deputy chief executive John Bramhall.

Source: *The Australian*

Drug Testing Turns to Shit

Adelaide researchers can test sewage for drugs to get a picture of what the whole city is taking.

Many experts are very critical of current drug surveys and say they are inaccurate because people either lie about the drugs they are taking or they genuinely do not know.

University of Adelaide pharmacology senior lecturer and drugs expert, Dr Rodney Irvine, said yesterday testing sewage was a promising way to cheaply and quickly measure drug use in the whole population.

"While different drugs are metabolised in different ways - some are stable, some are not - this is to me the most promising way of getting a real handle on what's happening," Dr Irvine said.

Drug and Alcohol Services South Australia were already in discussions with the research team, a spokeswoman confirmed.

Similar sewage testing in Europe has found that Milan residents take more cocaine than Londoners, and both cities like ecstasy on the weekends and cannabis every day.

Source: *Adelaide Now*

Dangers of Cigarette Filters in Mixing Up Drugs

In the Spring 2010 edition of *User's News* (no. 62) you had a two-page article entitled "Injecting Oxycontin." There was no mention of using cigarette filters instead of cotton wool, which is a pretty common practice and one which I understand is not recommended. Just wondering if this is worth mentioning in the next edition.

Cheers and congratulations on 21 years!

*John Lajtar CNC
Drug and Alcohol Counsellor
Bloomfield Hospital
Orange*

Ed. – Yes, it's true that using cigarette filters instead of cotton wool to filter drugs is a bad idea: cigarette filters have invisible fibers that can be very damaging if injected. Always use cotton wool, preferably sterile cotton wool from a tampon, to filter your drugs.

In Praise of Hep C Treatment

I am a 37 year-old woman with three children. Last year my de facto of 17 years and I successfully went through the Interferon treatment. I am very glad I did it.

I'm hearing a lot of people are getting cirrhosis of the liver. Most of the people I talk to are too scared to go through the biopsy and are worried about the side effects of the treatment.

Many people don't know that, since 2003, you can be treated without having to have a biopsy. Although in some cases a biopsy helps, it's not really necessary.

I know how dreadful the thought of a biopsy can be because I had to go through it, but I talked to my doctors at my clinic and they were very understanding.

So I had the treatment, which consisted of six tablets and one stomach injection per week. Besides having my three kids, it's the best thing I've ever done.

It cleared my hep C.

I used to sleep all day and night. I was too lethargic to play with my children. Now I've got heaps of energy and I don't sleep in the day. I'm not saying it was a walk in the park, as my hair is just now growing back and my memory is only now returning after a year since my treatment.

As long as you eat well (even if you don't have an appetite), stick to the medication, think positively and have the support of friends, it's all worth it.

Shazza

The War on Who?

The War on Drugs is a deliberate misnomer. It has been made to sound as though the forces of good - those who are conducting this "war" - are battling the forces of evil, the "drugs." It allows those whose drug intake is limited to legal drugs, nicotine and alcohol, to sit back smugly and ignore certain ugly facts.

The ugliest fact about the War on Drugs is that it is not actually waged against drugs - which are inanimate objects. No, the war is being waged by the government against a large slice of the Australian population.

It should be described by its real name and purpose: "The War on People Who Use Drugs Other than Alcohol and Nicotine."

This unilaterally declared war is being fought by governments against the very people who voted these Yankophiles into office. And it should be brought to a stop as soon as possible, because the consequences of getting caught with something as relatively harmless as cannabis can be life-destroying. Take the following example: The Australian Army will not permit anyone with a conviction for possession of cannabis to become an officer. It is acceptable for you to have a conviction for theft, for malicious injury, for assault, for as many alcohol related crimes as you can rack... but if you have a conviction for cannabis you can forget it.

Letters

Letters

Nor can you ever become a cop, a school teacher or a host of other positions that you might want to have worked as at some stage in your life. Indeed, if you get caught with cannabis often enough, you may even lose your freedom, despite the fact that the so-called crime you are committing is against yourself! Yes, in this country, and a great many others, you can actually be labelled, ostracised and punished for the rest of your life, because of something you have **DONE TO YOURSELF.**

I would urge everyone who reads this to write to their local member of parliament, and to the Prime Minister, and to point out these facts. If enough people do it, it may actually start some serious debate about ending this immoral war on large sections of the Australian population.

I have been a cannabis smoker since 1979. By definition, I have been a "criminal" since that time, despite the fact that I use my *own* lungs whenever I want to smoke pot. It is you who must act if these pernicious laws are ever to be changed. The sooner we all pull our complacent fingers out, the sooner things might actually change.

Mark

Food for a King

G'day fellow drug fiends. I'm writing to you all from Paramatta jail and if you haven't already been here, I advise you to do everything possible to stay out of this hell-hole.

There's a couple of old *User's News* getting around amongst the boys. The article you legends printed on \$50 a week food budget has been bloody awesome. Almost every ingredient is on our weekly "buy-up" list and we've been eating like kings thanks to your recipes.

Jason

See "*Nutrition & Recipes: Living off a Pineapple (or \$50 a Week)*" in *User's News* no. 53

Letters to the Editor

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Free Meals During the Christmas Period

Eternity Christian Church

Free Community Christmas Lunch
Tuesday 22 December
9:30am to 2:00pm
With tree decorating and carols
Booler Centre
Lambert St Camperdown
Contact details
02 9550 1552
www.eternity.org.au

St John's Anglican Church

Rough Edges Christmas Meals
Provided for the community
Friday 25 December
Lunch from 10:00am
Dinner at 7:30pm
120 Darlinghurst Road Darlinghurst
Contact details
02 9360 6844
admin@stjohnsanglican.org.au

St Michael's Anglican Church

Christmas Breakfast
for people experiencing homelessness
Friday 25 December
8:00am
including a bag of gifts for each person
cnr Flinders and Albion Streets
Surry Hills
Contact details
0414 969 841
www.surryhills.anglican.asn.au

Fixing Pharmacotherapy

For a long time I was happy to use drugs to self-medicate, to party, to work, to relax, to engage and to dis-engage. But everything changed when I fell pregnant.

Methadone was the compromise I had to make in order to take my child home. Besides, I could no longer sustain that lifestyle. It is money that makes the difference; as a new parent I could no longer work the four jobs seven days a week that I did in order to use. But I knew I couldn't do straight either. I have too many dark places, too many secrets. And now, at what society kindly calls middle age, I think I deserve some R&R along with the rest of Australia, who drink and toke their way through each weekend.

So I am on a methadone program and use heroin when I can.

But I want to be clear about this: methadone gives me the ability to manage the harms from prohibition, not the harms from using. I would prefer to be able to use heroin without the ridiculous cost and the financial stress of unpaid rent and sheriffs at the door and without the stigma and discrimination that have seen me lose the career I loved and keeps me in fear of losing my child. I would like to tell my daughter that police will protect and help her; instead they are the enemy. Prohibition robs my wallet, my time and my reputation. Methadone is cheaper, more predictable, more acceptable and legal. I wake up each morning without the illness of withdrawal and can focus on living my life without the burden of fighting the world.

For all these advantages, methadone is not so much curing an addict with another addiction as trumping impotence with powerlessness. We give over our cramps and yawns and sneezes and diarrhoea to a force outside of ourselves much more brutal than a dealer who never arrives on time. We surrender to childhood: the indignity of peeing for witnesses, of being roused on by those in charge of our welfare.

And I don't know about you, but I have a dealer that delivers. Right to my door. Even if I was willing to cop

courier charges, I couldn't get my methadone that efficiently. It frustrates me that even those who seem sympathetic with the plight of the user don't seem to understand the importance of takeaways.

What it is like to have to leave a sick mother because you have run out of takeaways, to have her die before you could "earn" another batch and return, knowing she might still be alive if only you had stayed.

To attempt a four day work conference in a remote setting without four little bottles, and end up out of a job because your restless legs are interpreted as a lack of interest. To have to negotiate how long your holiday will be with your doctor who really doesn't care if you have time to see Aunty Pat.

The term "takeaway" is itself a problem. When you get a prescription for any other sort of medication, they don't ask if you want to have it there or take it away. Of course, as persons with "addiction" issues, we are on shaky ground. The assumption is that if we are naughty with illicit substances then we will be naughty with methadone. No one seems to believe that very few consider methadone a fun drug, and that most approach its use within a health context. We are not trying to scam anything. And if I also use heroin from time to time, let me reassure you, it's still better than using three or more times a day, which is what I might be back to if my methadone was stopped.

Takeaway limitations are of course driven by three things, apart from a general notion that all children need boundaries and that's how we can tell the grown-ups love us. The first is a reward/punishment drama played out if you use too much or are too mouthy. Somehow stripping you of your takeaways is supposed to make you want to behave; some sort of treat 'em mean, keep 'em keen philosophy. The second is plain old fashioned lucre. Public clinics can't afford the staff to make up takeaways and private patients can't always afford to keep up with their payments so their takeaways are used as leverage. And third, the fear of improper use and diversion, a fear of black markets.

Fixing Pharmacotherapy (cont.)

I used methadone regularly for at least two years before I was on a program. Looking back, I can see that this was a transition phase, that without it the switch to a legitimate program may have been too hard, too strange. I had a few suppliers, usually older women, who sold one or two takeaways a week to fund the cost of their prescription. I bought when I could and used my supplies sparingly, to get me to work when I'd blown my wake-up shot the night before and couldn't score til lunch time, or to cover me the day before pay day when I just couldn't get together the cash I needed. I injected it rarely. It was very useful to be able to get that contraband and I didn't understand why I couldn't access methadone officially as an aide de detox.

Similarly I have diverted methadone, though never for cash. But there have been times that I have not been able to resist a crook friend turning up on the doorstep begging for a few mills. Then again, my husband who shares a blood pressure prescription with our neighbour has shared his meds, to be returned in kind on pay day. I was interested to read recently that it is extremely common for all sorts of people to share all kinds of medications.

Some of the doctors who specialise in addiction medicine are wonderful. They take on patients that other doctors will not. Last week I heard of a doctor who for an entire year travelled hours every week to prescribe in a particular community because there were no local GPs willing to do so. Other specialists give up their own time to teach new doctors to treat patients respectfully, advocate for better policy and push for user autonomy. These doctors deserve awards.

Others not so much. Some prescribers seem to genuinely despise us. I have been before doctors who think only those practicing total abstinence from all other substances should get takeaways, and many seem happy to bedazzle and humiliate us with nonsensical rules. Those doctors and pharmacists who are scared of users love to push our buttons – and then wonder why we light up like a Matraville front yard in December.

No other group of people could be sidelined or refused service like we are.

Imagine if a GP said they weren't going to treat indigenous people, or single parents, or smokers. Or suggested those patients should give him a third or more of their incomes to reward his ministrations. Or made stable, long-term patients attend weekly appointments for their heart medications and not address any other health issue apart from writing a script. Imagine if a chemist said they weren't going to stock any diabetes or high blood pressure medication, or isolated those patients or served them last. And what if a patient were refused a glass of water when dehydrated on a hot day at any other hospital clinic, because they might want to use the toilet? They would be thrown to the discrimination watchdogs.

As for those who don't treat us... If your GP tells you the reason they won't prescribe methadone is about training, tell them that any doctor can treat up to five patients with pharmacotherapy without doing a special course. If they are not sure of the benefits, tell them to read the literature: methadone is just about the most reviewed medical intervention of all time and endorsed by the United Nations and World Health Organisation. If they tell you they are scared of prescribing such a dangerous drug, remind them that they seem to have no problem prescribing oxycontin or other opioids (if the national figures are right). If they say they don't like drug addicts: Bingo!

We have had methadone for a long time now in this country. There is no excuse for this lack of progress. I genuinely salute all those health professionals who are doing a wonderful job in pharmacotherapy. But change has got to come. It is time for the human rights issues around drug use to get the attention and discussion that is needed. And that includes going to the heart of the issue and focusing on drug law reform.

Leah McLeod is the former President of NUAA

The Gift

You never really wake up on Christmas morning; you come to with a start. I've always preferred to ignore Christmas, or maybe the year always winds up with Christmas ignoring me. Who bitch-slapped who first makes no difference.

I've done all the Christmases in my day. Sat it out with the olds in the suburbs in Jughead's paper hat, whipped up a roast with a few besties in a share-house, even held my own bubs up to the camera 'til they grew wings and took off to start avoiding Christmas on their own.

I used to hang around like the dregs in a schooner glass, flat and bitter, but once time stretches out a bit, well, it's a nice quiet day and you've only yourself to please. 'Tis the season to be jolly? Well, okay then.

Let me tell you about my weirdest Christmas, the day when I exposed what a hideous slave I am. The whole sorry mess came out of being given a gift. A splendid, brand new and unexpected gift that made me so flustered and ashamed to be loafing around smoking pot in an unprepared haze that I gave a gift right back.

What's the old saying? A day late and a dollar short? That's me.

I was more prepared than a boy scout at a whittling competition; nobody was dealing Christmas Day and I knew it. Accident and emergency at 9am on Santa's special day holds two sorts of patient: bad planners seeking Schedule 8 solutions to their festive ills and inattentive types choking on pudding trinkets.

So it was with a smooth and hungry hand I opened the wardrobe, unzipped the dress bag from the last time I had a job requiring a dress and reached in for the Christmas stash.

My blindly groping fingers, not finding their target, were joined by my insanelly seeking eyes. No stash?

The scream I let out was the knock-off whistle from *The Flintstones*. It wasn't there. It wasn't in the pocket of the heirloom shirt of my mother's – the place I always kept drugs in. It wasn't there because the shirt wasn't there. The penny dropped over and over like a pile-driver in my head. I gave it to Carmen, didn't I?

Let me give you Carmen in 25 words or less. Better looking than me, smaller teeth, can tell the difference between mink and squirrel by having it brushed briefly across the back of her neck. A gift voucher gal she was *not*. So when she'd pulled out a surprise gift a few days prior I had to act. This gift I'd been slobbering over in David Jones last time we had afternoon tea and it cost her a packet. One of those collectors' items you want your whole life; I knew the retail price tag better than I knew my first husband.

I had only one thing in my economy lifestyle that Carmen could want: my mother's shirt. I gift-wrapped at record speed, stepped back into the lounge-room and wow. It had all the shit Carmen liked; plackets, lining, French seams – it was a thing of beauty, so rarely worn that it sat in my cupboard like a wedding dress. She loved it!

Now Carmen wasn't a drug user – I mean, she was no cleanskin either, but a glitter bomb at somebody's hen's night was more her style than the contents of that pocket.

Two things I knew for sure: Carmen wasn't going to forgive finding a taste in her "new" shirt; and I ain't hanging out on Christmas Day so a washing machine could get high. I had to get to her place and wish her a Merry fucking Christmas.

There's only one way you're getting a free cab ride on THAT day and it's not the milk of human kindness. Holiday taxi drivers are either family men paying off one humdinger of a house, or as untethered from the universe as you are. In a Doris Day movie there'd be a fade out here, but let's face this ride together, dear reader. My cabbie got a blow-job in his stocking. Gotta get that shirt back, gotta get to that shirt. Fuck.

I dinged and donged her doorbell 'til my finger went black, sweating like a horse and desperate for water.

"Kez!" She mwah'ed both cheeks, swiping the air as I scooted under her arm like a baseball player sliding into third base, establishing myself as a visitor before some lame-arse "people-for-lunch-it's-catered" excuse could career out of her mouth.

The Gift (cont.)

“Carmen, I just couldn’t stay away.” One look around the kitchen told me there was no party here today – the dressing gown she was clutching shut said I had time on my side. Part of me regretted what I had to do next. That part of me wasn’t the designated driver on this trip.

“Look at us!” She had no idea what I was up to. “Nobody to please but ourselves!”

Amen to that, sister. Champagne and orange juice already in the fridge. What a hostess. There I was, about as keen to drink champagne as swill down battery acid, feverish with anticipation, scared, ready to offer to fold her laundry to get my hands on that shirt again. Jesus saves, as we know, and he threw me a rope.

“I’ve got Hollie coming over. Do you want to stay and eat?” She wandered off into the en-suite to shower. Hollie was another relic from school. Getting better and better.

“Talk to me through the door.”

I’d love to tell you what she asked me or told me – it could have been that her species was invading Earth at noon and I would be spared – but I wouldn’t know I was so busy searching her bedroom. I had both hands in her private places and my neck was on swivel. I willed my cells to fetch, calling to the junk – like tom-toms in the jungle.

Shirt ahoy, one corner waving at me like a flag from inside the washing basket. A flag I tore out of the pile and waved around in the air as if it was on fire. Which pocket? Oh God, Oh God, hurry. The doorbell.

For the next three seconds I had 14 thumbs on each hand. The buttons shrunk down to the size of Tic Tacs as I urged my brain to materialise that bag. Hollie’s voice boofed in the lignocaine woofer of my ears, “haven’t seen you since the school reunion”. Yep. I gave the shirt a final frisking but it was as empty as my mood. The bag was gone. Ho ho ho.

The shirt hung from my fingers like a gutted body. Carmen came in chatting and I might as well have had her undies on my head.

“What the fuck?”



That’s how she saw it too.

I saw the fabric of my universe unravelling. Years of successful using, to be nicked and exposed over one small plastic bag. I rewrote Jingle Bells in my head: “Junkie scum, junkie scum, junkie all the way/ Oh what fun it is to look for drugs on Christmas Day, hey!”

I stared at Hollie who stared right back as if I was a display in a shop window.

“Are there two of those shirts?” Caught giving second-hand goods into the bargain.

“No, just that one.” Little ants of humiliation were nibbling at my cheeks. I was right back at high school. Let the torture begin.

Carmen laughed and went to the dresser, drawing out a little tin, smiling past me to Hollie.

“This what you were after?” She plopped the bag on the bedside table.

“Or was it this?” Hollie put her own bag next to it.

It was the third bag that was the Christmas miracle. Carmen’s bag. She was right.

Nobody to please but ourselves.

Kez

Illustration: Rose Ertler

Buttering Up for Christmas

It was five days until Christmas. Secretly, deep inside, I missed my family. I hadn't contacted home for months and I was reported as missing. I was just a kid who wanted to ask Santa for a present. Instead I was sitting in the Cross with my coey of the moment, waiting to score. When the dealer finally arrived he told us he was going away until after New Year's.

We had our shots and nodded off in Hyde Park for the night. In the morning we walked up to the Cross hoping to run into some money. But it was hopeless; it was a Sunday morning and the place was a ghost town. A few working girls were running around scrambling to find a dealer, but no one managed to get on.

We needed money so we caught a train a few stations south to try our luck. When we got off the train we searched and searched 'til dark. We found nothing so we huddled together in a storm water drain. Overnight it rained so much that we got washed down a ravine and almost drowned. Muddy and soaking wet, we found an empty house with a "For Sale" sign.

Inside we had hot showers and tried to make a plan. We were hanging out bad; it had been more than 36 hours since our last shot. My coey was absolutely useless when he was sick and I knew that if we left it any longer then I'd be useless too. I went to a phone booth and I dialled any number that I could remember of every dealer I had ever known. I couldn't really remember the numbers so I had to try different combinations. After hours of trying I lucked onto an old dealer from Marrickville who I didn't owe money to. I set off on the train, cringing as I sifted through the different scenarios in my head: what I would say, what I would do, how far was I prepared to go to get us this shot?

When I got there it didn't take much to talk him into giving me tick. He must have felt sorry for me because he didn't just give me the half, he bought me some food and drove me to get some fits then back to the train station. I returned to my coey and we had our shot together. We had promised never to have sneaky shots behind each

other's back; all the money and gear was split 50/50. I was so exhausted from all the hanging out that as soon as I had my shot I blacked out.

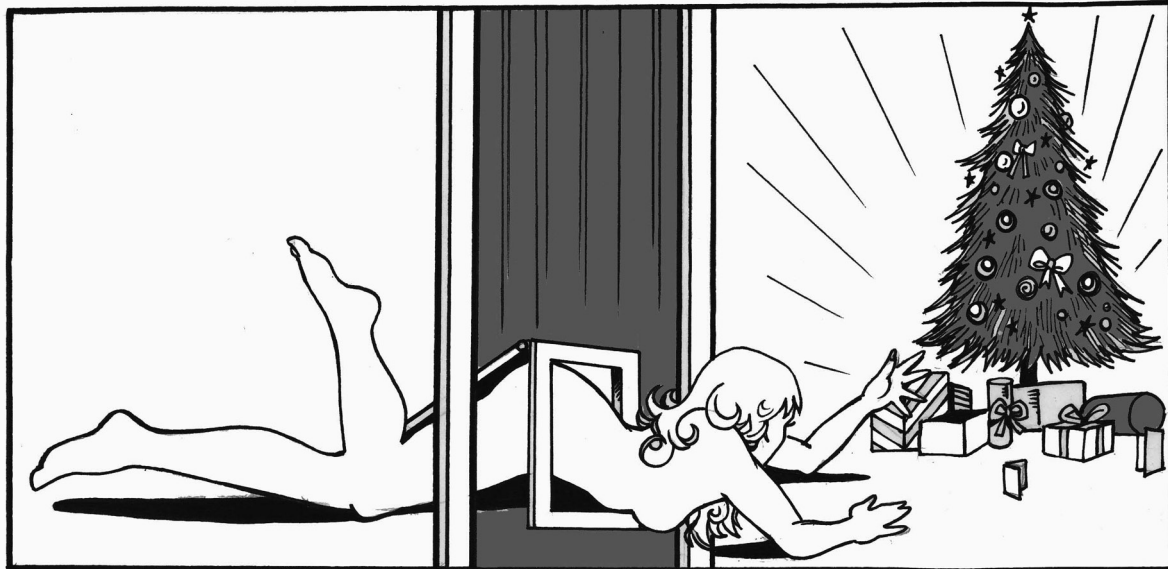
When I woke up I panicked, suddenly realising I was alone. My coey left me a note saying he'd be back; he couldn't sleep knowing that we had no money and no gear. I went into an instant sweat but I just sat there, waiting and waiting, too afraid to leave our meeting place. It was two days until Christmas and I tried to imagine what my life would have been like had I not been sitting there hanging out. It got dark and every minute that went by seemed like an eternity.

I was fearing the worst when sometime after midnight my coey finally came back with a big chunk of gear and brand new clothes for us both to change into. I was furious that he had taken so long but his good news cheered me up; in his travels he'd scoped a house whose owners had apparently gone away for the holidays. We decided to check it out as soon as we had our shots, but before we could make a move we nodded off 'til the sun came up.

When we got to the house there was a glitch – a the only entry point was a doggy door around the back. As I was the smaller out of the two of us, it was my job to crawl through so I put my arms through, followed by my shoulders, then just as I was about to squeeze my hips through I got stuck. I tried twisting and turning every which way but it was no good. I started freaking out. I couldn't move in either direction. I decided that if I took off my clothes it would help me slip through. My coey helped to take off my pants and undies and I took off my top and my bra but still I didn't budge.

Now I was totally stuck, butt naked, sticking half-way through this damned doggy door! I was packing it. I didn't want to go out like this! I could just see the newspaper reports: juvenile delinquent found naked, trying to gain entrance into a dwelling through the doggy door. The police had to cut her out before sending her to Yasmar juvenile justice centre in total shame.

Buttering Up for Christmas (cont.)



No way was I going to let that happen! I told my coey to go get some butter to help me slide through. He laughed, trying on some joke that I didn't find particularly funny before leaving me hanging there while he got the butter. After much buttering up, massaging and arguing, three hours later I slid into the house, opened the door and let my coey in.

Inside the house it was like a Christmas wonderland. There were presents, food, jewellery, cash and a huge Christmas tree that went all the way to the ceiling, decorated with candy canes and expensive hand-blown baubles. We found enough cash to get on so we called a dealer who agreed to deliver to us.

Once we got our gear, we settled in and pretended like it was our house. We turned on the Christmas tree lights. It was Christmas Eve so we tried to sing Christmas carols that we did not know the words to. We laughed like silly little children when I said we should open "our" presents. We lay on the wrapping paper and he put the ribbons in my hair; we kissed and held each other, looked in each other's eyes and planned our future together. We had never had such an intimate moment like this before, we had never been anything but coeys, but on that night it felt so right. We promised to detox

together, to get clean, to get a house and have babies. We relaxed there having shot after shot, just dreaming and wishing for a better life. A life without heroin. A life without the pain of withdrawal. We wished that everything could be perfect.

But perfect our lives were not. On Christmas morning we woke up to that familiar feeling. And had a shot. It was as if everything we had talked about the night before was a distant dream; if we were going to get clean, today was not to be that day. We decided to take our presents and go. Before we left I took down the star that crowned the Christmas tree, kissed it and thanked it for my special Christmas. We set off again but we never got to speak of that night because my coey was soon in jail. I couldn't visit him because I was still a juvenile on the run.

Years later I saw him in the Cross. I was clean and he was not. We hugged for the longest time and I didn't want to let him go. I wanted to run away with him to be a team again. But I didn't. We said our goodbyes and I never saw him again. As hard as I try, I can't even remember his last name now, but he holds a very special place in my heart.

L.S.T.

Illustration: Bodine

A China-White Christmas

Christmas, that special time of year when families and friends come together to celebrate the birth of a saviour that 80 per cent of us say we don't believe in. When even the most wayward of souls think about "home" (whatever that means) and head towards it. People exchange gifts, greedy little kids expect bucket-loads of toys, technophiles get their paws on the newest gadgets, book shops sell tonnes of memoirs by such esteemed souls as retired cricketers and politicians, record companies churn out collections of greatest hits and just about everyone gorges themselves on ham, poultry, prawns and pavlova.

Ah, it's not so bad if you've got a home to go to or a family who'll have you. It's even fun watching movies or Boxing Day cricket, drinking beer and eating leftovers. Sucks a bit if you've got a habit though, 'cos Christmas is that time of year when everything's a little bit dear, especially, you guessed it... gear.

So for this Christmas tale, cast your mind back to a more innocent time, before Zero Tolerance, before the streets were covered by CCTV cameras and the Dog Squad patrolled everywhere with their pesky pooches. A time when all sorts of goodies were available on the street, in cafés and arcades. When it wasn't too hard for an enterprising lad and an able cockatoo to ply their trade.

This particular year found yours truly badly stocked-up for the silly season and working the holidays as a result. In those days I supported my habit by busking and selling sticks. The good news for me that year was that there was plenty of good quality old China-white around. And whilst Sydney was in the grip of a pot drought, I had a plentiful supply.

That Christmas I had a really big bag of compressed. Remember the Dorrigo dust? Weet-bix? Compressed heads, dried out, packed down and put away for just such occasions as the drought Sydney was suffering that season. Not nearly as tasty and strong as the sticky buds that everyone prefers, but way better than nothin' when there's nothin' going. The Weet-bix is also really good for cooking.

I made a fantastic lamb shank and veggie soup with some of it. I also mixed hash butter into some chocolate for a dessert. You get a fantastic body stone that lasts for hours. It was an orphan's Christmas dinner but a beauty.

First things first: I needed to make sure I had enough white for Christmas. Early Christmas morning I went up to the Cross to sell some sticks and score some rocks. I had a little mate with me who used to stand cockatoo at the top of the one-way street that I worked halfway down. He was a trusty little streety, a pot-head who helped me out in return for a stick. We took up our possies and set to work.

The sun rose into a cloudless sky. It was dry and stinking hot. The streets were almost empty which only seemed to amplify the heat radiating off the deserted concrete and bitumen. Merry Christmas! It looked like being a long day.

The couple of cafés that usually supported the pot trade in the Cross in those days were both shut for Christmas. Happy days. At least I'd have a fair chance of getting a slice of whatever was happening business-wise. Sure enough, one by one the odd Christmas Eve reveler looking for a smoke to come down on started to drift down the street. One by one my little sticks of compressed were selling and I was getting closer and closer to my China White Christmas.

Now I must point out that my sticks weren't cheap, and they were quite small. When a couple of idiots complained about this I felt compelled to remind them that most workers are on double time at Christmas. Consider it a public holiday surcharge. That's what happens in the hospitality industry. You don't complain about the price of groceries at 7-Eleven on Christmas Day, do you? No. You're just bloody glad they're open.

The morning ticked by, my bunch of sticks was shrinking and my stash of cash grew fatter. I was engrossed in a deal with some punter who was trying to haggle.

A China-White Christmas (cont.)

I heard something and I looked up. Right there in front of me on the narrow street was a divvy van with two coppers in it. Oh, shit! Great work, cockatoo. There goes Christmas Day.

They both met my wary, strung-out stare with friendly eyes. The cops were smiling! The officer in the passenger seat stretched his arm out of the paddy wagon and said, "Merry Christmas." He was holding a bag of mixed lollies and a piece of Christmas cake. Wow.

"Thanks," I said, "Merry Christmas." I looked up the street and there was my little mate, smiling, hooking into his chunk of Chrissie cake.

The cops rolled off down the street and I really did feel a weird touch of Christmas spirit. It reminded me of those stories of unofficial truces on Christmas Day during World War I. I felt a brief but very real sense of good-will and let the haggling punter off with a generous discount. Some crazy, wide-eyed candy raver came down the street to score and sprinkled glitter all through my hair. Blessing me and telling me I had "a really amazing energy, man." I had enough cash together now so I gave my little streety mate a couple of sticks for Christmas and headed off to get on.

My regular dealer wasn't around, so I found a friend, a working girl who was also working Christmas, and asked her if she'd help me get on in return for a taste. We went around to her dealer's place to sort it out. They seemed pretty cool and I was allowed to go up. We sat down and out came the gear – beautiful, tasty rocks.

Here was the White Christmas I'd been looking for! It was a bit dear though and suddenly the shoe was on the other foot. There I was, in the house of this bloke I'd only just met, talkin' tough and trying to haggle for a bigger deal.

He was a much tougher nut then I ever knew how to be. I was lucky I didn't get rolled and rorted

on the spot. He told me that, being Christmas Day, I was lucky to get on at all (familiar?). He assured me it was quality gear and that I would be most satisfied with my purchase. He then observed that I was covered in glitter and wondered if I knew how foolish I looked.

He had a point. I wasn't looking too streetwise. I'd done well, time to quit while I was ahead. I sorted out a taste for my working girl friend and went dashing with the snow to go tuck into a little White-Christmas of my own! The dealer was right, it was really good gear. Jingle Bells, Jingle Bells!

Merry Christmas, you lot. I hope Santa finds you.

Lotsy



Illustration: Tony Sawrey

Finding the Sweet Spot in Drug Law Reform

An Interview with Ethan Nadelmann

Ethan Nadelmann, Executive Director of the New York-based Drug Policy Alliance and America's most important advocate for drug policy reform, visited NUAA in late November.

User's News editor Gideon Warhaft spoke to him about where drug reform is at, both in the United States and around the world. Gideon began by asking Ethan if advocating for drug law reform was now a respectable position in the US.

Ethan Nadelmann: It's definitely changed. In the 1950s, [pioneering American sociologist and addiction scholar] Alfred Lindesmith had to deal with [the Federal Bureau of Narcotics] keeping a dossier on him. I don't know if there's a dossier on me, or other people like me. Now it's more subtle. It's the ways in which organisations check with the Drug Czar's office about whether they're okay about my being invited. They may say yes, they may say no. The government has just requested submissions on medical marijuana, and researchers are wondering whether they should formally link with Drug Policy Alliance. It would be very valuable for them in terms of information collection and our experience, but would it disqualify them from funding?

User's News: The 21st Amendment, the end of Prohibition, was in part brought on by the financial crash of 1929.

Do you think the current global financial crisis is going to accelerate drug law reform?

EN: Certainly. If you ask what were the top three reasons why alcohol prohibition ended in the United States, it was the Depression, the Depression and the Depression. There were a dozen other factors – individual rights, violence, crime and corruption – but it was really the Depression. People say “why continue to spend billions of dollars a year trying to enforce an unenforceable prohibition, when we could be earning the tax revenue instead?” With respect to marijuana reform that issue does loom large. It was not the most important argument for people who supported Proposition 19 in California [legalising and regulating marijuana], but it was well up there. It was also one that the media found very appealing. One of the problems was that Prop 19 would have only produced a small amount of revenue, because the Federal Government would have prevented it from

being properly implemented and because it was up to localities to tax it. You weren't going to suddenly switch to a legal regulatory system with a well instituted taxation system there.

Some of the labour unions came out in support of Prop 19 which was quite a surprise. They saw this as a growth area. It's hard to unionise among illegal workers but it is possible to unionise among legal workers. The other area where it's helping right now, the silver lining of the recession, is in the push to reduce prison populations. Last year was the first in 30 or 40 years where the number of people locked up in state prisons actually dropped. Roughly 60-65 per cent of the entire incarcerated population in the US are in state prisons as opposed to federal prisons. 2009 was the first year it dropped and I think the fiscal incentive was a major factor.

UN: You've talked before about how sometimes it's the Right side of politics rather than the Left that support the end of the War on Drugs. It's sometimes true in Australia – NUAA was originally funded by the conservative side of politics. How does the Republican Party, which believes in individual freedom and small government, reconcile those notions with big-government War on Drugs?

EN: Part of it is that each of the political parties is always a hodge-podge of coalitions. On the one hand, Republicans represent the interests of the wealthy, which they've done an extraordinary job at. To get tens of millions of low-income earners to support tax policies which disproportionately favour the top one per cent of income earners is remarkable. On the other hand, the party also includes cultural conservatives, Christians, people who believe the world is going to come to an end in the not too distant future, so it's an interesting coalition.

Many understand what's wrong with the Drug War and don't like the government being involved in this way, but they believe the political benefits of continuing to justify the Drug War exceed the benefits of taking the opposite position. Some Republican leaders essentially favour legalising drugs, but they're uncomfortable with in-between steps like harm reduction because it looks to be soft on crime. Privately they basically say,

Finding the Sweet Spot (cont.)

“If we could go from the War on Drugs to legalisation, I’d do it. But I don’t like that middle-ground stuff because it seems too liberal and soft.”

UN: I’ve felt for a long time that in Australia the public is way ahead of the politicians. I don’t believe that any politician in this country at the beginning of their political term who articulated a series of drug reforms would be punished at the ballot box. Is that different in America still?

EN: By and large. Remember, for most politicians, it’s not fear of reality, it’s fear of what might happen. It’s the fear that if you take a progressive position on a drug issue then the opposition will come up with a horrific ad describing you as wanting to give drugs to kids. You’ve had this issue here, where Western Australia initially embraced the cannabis expiation notice scheme and then repudiated it, with all sorts of horrific politics going on around that. By and large there’s relatively little evidence that elected officials have been hurt by taking a progressive position on drug policy reform.

One of the more interesting things in the most recent US election was Rand Paul, the Republican candidate in Kentucky for the US Senate. He was attacked by the Democratic candidate for being soft on drugs – Kentucky has a big problem with methamphetamine – but it didn’t keep Paul from winning big.

Bob Bar was a right-wing Republican in Georgia, fiercely anti-drug, and in the Republican Primary his opponents ran ads accusing him of wanting to send medical marijuana patients to jail. Bar subsequently acknowledged that may have played a role in his defeat in the Primary.

UN: Last year I asked Norm Stamper from Law Enforcement Against Prohibition what was the single biggest obstacle to drug law reform. He nominated the prison industrial complex, the unions and the establishments behind them, and the police. Do you think that’s true?

EN: I think Norm’s right. The prison industrial complex is the most powerful force retarding most drug policy reform. You have the prison guard unions in places like California and New York – enormously powerful in California – and then you have the private prison

corporations which have more influence in the South. Thank God they hate one another, because if they ever got together they would be a really ominous force. We ran a major ballot initiative in California two years ago that would have reduced the prison population by 20,000 to 30,000 non-violent mostly drug offenders. It would have shifted a billion dollars a year from prison and parole to treatment and rehabilitation. It would have held the Corrections Department to a new set of criteria. In the final stretch the prison guards union put in two million of their own dollars, raised another two million, and beat us. They ran scare tactic ads, they lined up Democratic politicians.

The real definition of power is when you tell somebody to do something and they don’t even ask why, they just go do it. That’s the political establishment in California and much of the rest of the US. When the prison industrial complex is unified on an issue, and they say “this is what we want”, people don’t even ask.

The prison guard unions are more about maintaining their overtime pay, but the prosecutors, I think, are the most despicable in all this. They’ve blocked sentencing reforms, harm reduction reforms. We have an adversarial system of justice in America and they’re all about being advocates for the laws. It’s not about justice for them. Why did Governor Schwarzenegger just veto a whole bunch of harm reduction bills around clean needles of overdose prevention? Why did his Democratic predecessor Gray Davis veto the same sorts of bills? Because the prosecutors said “no, you can’t do this”.

The police will privately express alternative opinions, but essentially there’s no tradition to engage in internal debate. So with Prop 19, the cops said “no debate. You’re either against it or we’re against you.” When Attorney General Holder came out and said that if Prop 19 passes, the Federal Government’s gonna crack down to the full extent, many people thought it’s because big city police chiefs said “you better come out against this thing.” So it is a powerful and venal force.

I think back to President Eisenhower’s farewell address in January 1961, when he warned about the political power of the growing military industrial complex. I hope we

don't have to wait for January 2013 or 2017 for President Obama to give a farewell address about the growing power of the prison industrial complex or the emerging homeland security industrial complex.

UN: I guess you have to decide strategically whether you spend your energy trying to change public opinion or trying to lobby prosecutors, for example, to change their views.

EN: We're always making those judgement calls. For Drug Policy Alliance, a large part of our resources has typically gone into working on incremental reforms, in state legislators and Congress. Legalising needle exchange, legalising medical marijuana, legalising overdose prevention programs, rolling back mandatory minimum sentences, rolling back drug-free school zones. We're now trying to devote more resources to really opening up the debate, especially with marijuana.

UN: There's a tipping point, isn't there, where public opinion changes enough even the establishment has to take notice?

EN: We also have the ballot initiative process in half the states in the US. If you have 55-60 per cent of the public on your side, and if you can raise the money, you can draft a law, put it on the ballot and win it. That's how we won medical marijuana, that's how we won treatment instead of incarceration, that's how we reformed some of the asset forfeiture laws that allowed police and prosecutors to seize property for their own departments, and that's how we're going to end up legalising marijuana in the first states. The initiative process means that the public will get there, then the politicians will follow.

UN: Over the last 30-40 years, America has been used to getting its own way with drug policy around the world. Now we see a succession of countries, Portugal, The Netherlands, Germany, Latin American nations starting programs that they mightn't have dreamt of 20 years ago. Does that have an influence on American drug policy?

EN: It is having an influence. The US government is changing. The Obama administration is different than its predecessors under the respective Bushes and Clinton and Reagan. Some branches of the US government,

including in the international arena dealing with HIV, are talking about harm reduction uninhibitedly.

The Drug Czars still won't use the phrase. The State Department can't get quite used to the notion that harm reduction's okay. But when Obama came in, the order was issued that we now support needle exchange. All of a sudden they had to revamp their statements saying "we support needle exchange", and quietly saying "we support harm reduction, just please don't use that expression because it's still too loaded in the Washington environment." I think the other thing that's happened is that the US, after 100 years of leading the global War on Drugs, has essentially handed the baton to the Russians. The Russians are becoming the new global drug warriors. And they are fanatical, they are obsessed, they ban methadone in their own country, they want to have some crazy strategy in Afghanistan.

UN: But they don't have the same kind of respect in the sector. They're regarded as lunatics.

EN: They are regarded as lunatics but they are making themselves heard. It's going to be interesting to see what the new Russian head of the UN Office on Drugs and Crime does, because he was a respected diplomat, he was not part of that Russian establishment, that old hard-line position. When Malaysia, Indonesia, Vietnam, China and Iran are all embracing needle exchange and methadone maintenance programs, maybe it's time for Russia to get on board.

The great tragedy is that as you see these Latin American leaders and others calling for a real, true debate, for breaking the taboo, the reluctance of the Obama administration and the Drug Czar to be willing to break that taboo is still shameful. A new global commission of distinguished leaders, not just from Latin America, will issue another major report in the middle of 2011. That's going to create a moment. The Obama administration is going to have to figure out, what do they do then? It's going to be a calculation. It's going to be less about courage and more about, given that this thing will be bipartisan, does opening up this discussion hurt them more than it helps them?

Finding the Sweet Spot (cont.)

UN: It's impossible in my mind to see prohibition continuing for another 20 or 30 years. It will have to change eventually. Do you think it will be a Berlin Wall moment or do you think it will be a gradual thing?

EN: I don't think it will be a Berlin Wall moment. I don't think there will be something like a 21st Amendment, repealing national or global drug prohibition. We built up these laws over a hundred years in international, national and local laws. They're deeply embedded in our cultures around the world. I see this as a multi-generational struggle, so I hesitate even to say 20 or 30 years.

Look at women's rights. The Seneca Falls [Convention] in America on the fundamental equality of men and women was declared in the 1840s. That was a wildly radical idea and it took generations. Civil Rights took generations, and we're still not all the way there. Gay rights has moved a bit faster, but we're not all the way there. And the notion that people should not be punished or discriminated against based upon what they put in their bodies is a notion every bit as legitimate, as elevated and as radical as were the notions of basic equality of women or blacks or gays when those rights were first asserted.

We really do have a chance in the United States to take marijuana out of the criminal justice system in the coming years. If the US does it, I think a lot of other countries will pay attention. We already know in Latin America that Prop 19 was the number one issue on the agenda at the summit called by President Santos of Colombia last October, where five Latin American presidents were present. So it will open up space and room. Legalising marijuana doesn't lead to legalising other drugs. What it does do is lead to more creative discussion and opening up the imagination about other options.

UN: And it discredits the argument that if you do this, all these terrible consequences are going to happen.

EN: Hopefully. When we legalise marijuana, let's hope we find ways to do it the right way rather than the wrong way. But in the end, the sky is not going to fall. It's not going to be a terrible thing. Marijuana's simply not dangerous enough to do much great harm. I mean, it is a drug; it's problematic. But it's not going to be some colossal disaster.

UN: I was in Los Angeles last year, and you couldn't walk 10 metres down Venice Beach without being accosted by people trying to sell you cannabis. Do you think this discredits the movement a bit?

EN: Well, that's Venice Beach. It's the Las Vegas of medical marijuana. It's almost like people are putting it on for the tourists.

The bigger issue is that the future of drug control – heroin, cocaine, methamphetamine – is going to get woven into how we deal with the growing diversity of pharmaceutical drugs. There's awareness that law enforcement is not a very effective agent for regulating the problems associated with pharmaceutical drugs. Government needs to play a more creative role in how it empowers consumers. How it better enables us to live in a world in which an ever-greater diversity of these drugs is available. As we struggle around the issue of pharmaceutical drugs, that may provide more of a vehicle for dealing with drugs that are entirely illegal.

UN: You've been in Australia for a couple of weeks talking to policy makers and politicians. What's your sense privately of their opinion of all of all this?

EN: In Australia as almost anywhere else, you find the gap between what people are willing to say publicly and what they're willing to say privately. I think part of the role I can play with some elected officials is to say, "here are some innovative policy ideas you might not have thought about, and here are some ways to articulate those ideas that minimise the potential fall-out or harm. So far I've mostly met legislators who've been more sympathetic, and they're really listening and learning to try to figure out where the next step forward is.

There is a sense of Australia being a bit stuck, semi-self-satisfied with some of the good steps that have been taken, not sure what the next front is, intrigued by what's going on in America and some other places. Political changes coming up like in New South Wales, parties changing power. I think part of Alex Wodak's [director of Drug and Alcohol at St Vincent's Hospital in Sydney] reason for bringing me here to stir up discussion is trying to get people thinking outside the box again.

MISTAKEN IDENTITY OF A BASE

I am a 29 year-old male currently serving four months, 18 days in a metropolitan correction centre for parole. Once again I failed to adapt to lawful community life with no new charges. I thought I would share a sad story of mine.

I live in the Wollongong area – closer to Lake Illawarra. I have been an amphetamine user for about 10 years. During that time I have had heroin two, three times and have been one of the lucky ones not to enjoy the drug – not like my mate Joe.

I'd known Joe a long time. He was an amphetamine user too, but he liked to smoke ice through the pipe. Me, I was a shooter. Anyway, about six years ago we decided to throw in and get on. We couldn't get anything through our normal connections due to a police operation (war on ice), so I came up with the idea of going out to Port Kembla.

Back then, Port Kembla was a dirty old town where dirty old men would pick up working girls on the street. It was also a highly rated spot for getting heroin 24/7. It only took us about 10 minutes to drive there. As soon as we hit the street, we saw a young lady standing on the sidewalk. I pulled over and asked her if she could get some speed, or preferably ice. She said, "How much have you got?" "We have \$150", I replied. She opened her bag and pulled out a little plastic bag which was burnt at one end to seal it. I thought fuck, easy service, and off we went.

On the way back to my house, Joe said, "I might have a shot too, I had one last week." He noticed that the effects were quicker and lasted longer. I thought it's his choice, as long as I'm not doing it for him. We got back home and pulled out the good old brown paper bag with the freshies, mullled up, gave Joe his and he said, "I'll use the bathroom."

As soon as I put mine away, I got this taste at the back of my mouth. I power-spewed all over the kitchen and held onto the sink thinking I was going to drop.

It was heroin. I knew it from using it before.

That's when I remembered poor old Joe. I ran to the bathroom yelling out, "Don't have it! It's heroin!" As I opened the door there was Joe sitting on the toilet on the Murray Cod saying that's the best speed he's ever had. As I stood at the door my phone rang. One of my connections I had tried earlier that day said he could be at my house in five minutes.

I darted between trying to mull the ice up and making sure Joe was still breathing. I finally passed him the fit and said, "Have this. Hopefully it will fix us up." He didn't take it. He said he was loving the planet he was on.

Joe went his own way after that afternoon. I ran into him again about two months later and the poor bloke had a \$2000 a day habit. That's my story about Joe, about the day his life changed for the worse.

Jezza



Illustration: Ursula Dyson

Ecstasy: Not Just for Parties?

Medical use of illicit and illegal drugs is not a new phenomenon. Almost every psychoactive drug and plant that humans have discovered has at some point been used in this way. For example, cannabis has been used medically since ancient times and heroin and cocaine were both used in patent medicines in the late 19th and early 20th century. Despite this long history it is only recently that modern medicine has started to re-examine the potential of these types of drugs. One of these drugs is ecstasy, which for many years has been considered useless for medical purposes. Despite this reputation, a recent study has indicated that this may not be the case.

Ecstasy is unusual in that it doesn't fit well into the normal categories used to define illicit drugs. Rather than being simply a stimulant (like amphetamines), depressant (alcohol) or hallucinogen (LSD), it is instead known as an "entactogen". This mix of Greek and Latin words literally means "to produce touch within" and was created by one of the first people to study ecstasy to acknowledge the effects that the drug has on the desire to socialise and talk about emotions. These effects also made ecstasy a popular addition to couples' counselling before it had been made illegal in the US. Therapists who used ecstasy as part of their treatment sessions found people were more willing to discuss how they felt about their relationship without becoming hostile, which made the therapy more productive.

Over the past decade a group called the Multidisciplinary Association for Psychedelic Studies (MAPS) has been looking using these effects of ecstasy in a medical setting once more. They have been targeting post-traumatic stress disorder (PTSD), a condition that causes severe anxiety in some people exposed to traumatic events. While many people with PTSD can be helped with conventional drug treatments and counselling, a small number find that the counselling simply causes them to relive the experience rather than help them deal with it. MAPS thinks that the effects of ecstasy will help people with severe PTSD to talk about the incident with a therapist without experiencing flashbacks and other negative emotions.

This study has been in the works for a long time. In their initial proposal, published in 2002, MAPS indicated that approval for their studies had been given in the United States, Spain and Israel. The Spanish study was designed as the first in a series of experiments to work out which dose of ecstasy should be used and whether it would be a safe treatment option. However, political pressure led to the cancellation of the study in 2006 after only six people had been tested. While some of the results seemed promising, the small number of people that had been tested meant that no real conclusions could be made.

Despite this setback, researchers working on the project in the US have published results from a larger group this year. This study worked with 20 people with PTSD that had not improved after conventional treatment. Participants in the study were given two eight-hour psychotherapy sessions with one group given ecstasy before therapy and the other an inactive placebo pill. These long sessions were three to five weeks apart with shorter weekly therapy sessions before, between and after the eight-hour sessions. The researchers used two questionnaires to work out whether there had been any change in the subjects' PTSD, the Clinician-Applied PTSD Scale (CAPS) and Impact of Events Scale-Revised (IES-R). Although CAPS is considered the most important of the two because it is the "gold standard" for diagnosing and classifying PTSD, the IES-R is completed by the person themselves while CAPS is given and scored by a doctor. Using both surveys allowed the researchers to track both medical improvement in PTSD and whether those involved felt their PTSD symptoms improved.

The results of the study are very promising. Both groups improved on both questionnaires after psychotherapy, but those that were given ecstasy showed a much bigger improvement than the placebo group. After the first session, the average CAPS score for the ecstasy group went from 79.2 to 37.8, while in the placebo group it only decreased from 79.6 to 74.1. This improvement in the ecstasy group is particularly impressive when you consider that a CAPS score of 50 (indicating moderate to severe

PTSD) was the minimum required to be able to participate in the study. Following these results, the researchers also gave the placebo group the chance to repeat the therapy sessions with ecstasy. Despite the fact they had been through the same therapy before, the addition of ecstasy gave improvements similar to those seen in the original ecstasy group.

PTSD is a serious problem, both for those who suffer from it and their families as well as the community who provide treatment and services for those affected. Currently, little interest in the results of this study has been shown by governments and medical authorities and ecstasy remains a Schedule 9 drug in Australia. This means ecstasy is subject to the highest level of control so it cannot be used therapeutically and is only available for research purposes. This legal category helps give ecstasy the reputation of being a very dangerous substance and leads to political pressure against any suggestion that this be changed. In 2006, South Australian Democrat Sandra Kanck suggested that ecstasy might be used to help survivors of the Eyre bushfires. Rather than start a discussion about the topic she was instead vilified by the media, both sides of politics and her own party. The state and national president of the Democrats resigned in protest at her comments and she lost a vote of confidence among party members, eventually leaving parliament at the next election in 2008.

The problem with such knee-jerk reactions to the use of illicit drugs in medicine is that it leaves no room for sensible debate about the issue. Although many would agree that we should investigate a treatment that a study has shown to be effective at treating a disorder with few other options for treatment, the fact that the new treatment is an illicit drug seems to overrule the science which shows its worth.

This attitude towards using ecstasy medically makes even less sense when you look at how psychoactive drugs are used in medicine already. Drugs such as benzodiazepines (the most commonly prescribed class of sedatives) have a powerful effect on the brain and can lead to dependence,

yet are readily available to most people after a consultation with a GP. Even drugs thought of as dangerous are used medically: cocaine is used as a local anaesthetic; amphetamines (including methamphetamine, considered by most media outlets to be the “most dangerous” illegal drug) are prescribed for obesity, narcolepsy and attention-deficit disorders; and ketamine, commonly referred to as a “horse tranquiliser” in drug education programs, is used as an anaesthetic for children and infants undergoing minor surgery. Given all of these drugs are used by doctors where appropriate, why is there such hostility towards using ecstasy? One possible reason is that this medical use relies on the same effects of ecstasy that illicit users often report as a reason they take the drug. Because many people have a negative view of those that choose to alter their psychological state with drugs, the line between medical and recreational use in this situation may appear to be too close for some.

Ultimately, the question of whether to use a particular drug in medicine, psychoactive or not, has to come down to a judgement which weighs the risk of using the drug against the benefit that it can provide. There is already a well-established protocol in place for doing this: scientific studies. Conducted correctly, these are the best way we have to make sure a drug is both safe to use and will have a positive effect on the condition it's treating. While this study is only an early indication that ecstasy might be a good treatment for severe PTSD, the fact that many are willing to dismiss it as a legitimate therapy because of the illicit status of the drug is troubling. Ecstasy is not the only drug being considered for medical purposes; both LSD and ketamine have also caught the attention of researchers looking for ways to treat serious depression. It would be a serious mistake to ignore the potential of these drugs simply because of their legal status.

Alex Clarke is a postgraduate research student in pharmacology, specialising in the prosocial effects of MDMA. This article follows on from “Ecstasy: More than just a Club Drug — Medical Uses of MDMA”, published in User's News no. 54

KEEP TELLING YOURSELF IT'S ICE!

Ice. It's the most putrid piece-of-filth drug I have encountered in all my years of drug use. I have seen the effects first-hand and I am a prime example of what that fuckin' filth can do to people.

Back before it even hit the streets properly, I was one of the very few who dealt the shit in Redfern. My godfather and I kicked it off in the 'Fern when people didn't have a clue what the shit was. Before we knew it, we had customers coming from everywhere to get a taste of our product. We had all types of characters coming to score off us, from ex-footballers to local musicians, kickboxers and a heap of gay guys – they were our best customers.

After a while I wondered what was the big deal with this ice. I hit the local pubs and found new and even sexy customers. When they got the hint I was an ice dealer, I couldn't get rid of 'em. They would try to play me for a sucker, but I was already ahead of them. I've been slangin' since I was a young buck, so I wasn't getting played. I was getting paid – and getting laid.

At the start it was any young kid's dream: I had money, I had any girl I wanted, I had respect, I had the life of the gangsters I grew up watching at the movies. After a while I started to think that I was a gangster. I was 16, kicking back in clubs and pubs like I was 21. I started to carry a roscoe around with me. By then I was smoking the shit. I loved it 'cause it made me 10 times stronger. It also gave me these out-of-hand sexual urges. The girls found me irresistible 'cause I could go for hours (I mean hours). It honestly had turned me into a dead-set freak and a sex addict. After a while it got to a point where I didn't sleep for a week or two and all I was doin' was knockin' boots.

I wasn't eating at all, and then the psychosis kicked in. I started to lose the fucking plot big time. I was truly fucked in the head and thought that everyone was out to get me. I smoked close to everything that I had, money that I had put away for my first-born son. Things slowly went downhill. I could feel my movie-like world slipping away from me.

I began to think that my mum and my missus were trying to set me up to get knocked. I wouldn't leave the house and I wouldn't let them leave the house either.

Once, I looked at my baby son and saw his face changing. He started looking like my brother, then he looked like my mate. I seriously was going mad.

One day I was in the kitchen having a toke of ice when the intercom buzzer went off. My cousin was at the front security door. He recently had got his driver's licence and my missus must have texted him. I asked him what he wanted. He's like: "Open the door, fuck ya!" I made sure no one was with him and let him in. My mum and missus jumped up and started carrying on, asking my cousin to convince me to go to his place. I told him I ain't going nowhere. He ended up convincing me to go for a drive to get some money that someone had owed him.

We got in the car and we drove... and we drove and we drove. I started to go on the blink. The more I tried to fight it, the more I went. Eventually I fell asleep. I was hammered from too much smoking ice, too much stress and no food. It had all caught up with me and hit me like a semi-trailer full of elephants.

I woke up in my auntie's house about four days later. While I was out, aunty and my cousins had to check if I was still breathing. They'd never seen anything like it. They thought I was in a coma. When I finally came to I cracked up 'cause they had locked me in the room. I needed and wanted ice. I kicked and banged and carried on but they wouldn't let me out. I kept on going until I got tired and went back to sleep. When I woke up again I looked in the mirror. I had lost so much weight I looked like death warmed up. Dead set shocking.

I ended up back in jail and met a bloke who was an ice cook. I caught up with him on the outside and spent a couple of weeks at his and his missus' place.

Fuck wasn't I in for a shock when he took me out to the granny flat in his back yard. It was his ice laboratory. It was like a science lab from school.



After what I saw getting cooked in a wok in the lab, I never touched a crack pipe again. Do you really wanna know what you ice heads are putting in your arms and your glass pipes? Most of you wouldn't have a fuckin' clue. Ajax, Mr Sheen. Just some of the ingredients used by most cooks. I went off my head. "What the fuck have you been giving me?" But thankfully a totally different and proper procedure and ingredients were made for our batch, so I was hit with a big wave of relief.

What I am trying to say to you is that if you don't know who you're scoring your ice or the junk they say is ice from... believe me, I have good mates who are cooks and I have seen it with my own eyes. That shit that you're passing around to each other in your lounge room is nothing more than a cocktail of house cleaning products with a touch of pseudoephedrine. So enjoy. Have fun picking at your faces in front of your mirrors while you think the world is out to get you and there are bugs under your skin.

I really hope my experience with ice might make you think twice about scoring the shit. I have known women and girls who were as nice as pie get on the ice and lose any self-respect. They would do whatever it took to get a measly little rock for their pipe. Even if it meant doing the dirty. Whatever it takes, addicts will do it. There are some real scumbags out there who will prey on vulnerable girls. They put them in a situation where they ain't really got a choice.

We all have a choice, but with ice, in a sick and twisted way, you don't have a choice. You will do what you have to to get it. It psychologically changes good people, honest and loving people.

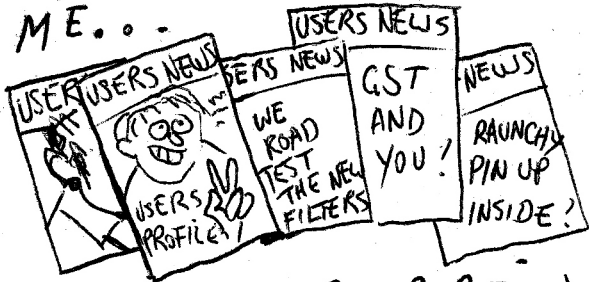
In my life of crime I have experienced a lot of good and bad karma. Every dog has his day, but I've had my fair share of bad karma biting me on the arse. It all catches up with you in the end.

Pat

Illustration: Glenn Smith

THE 12 DAYS OF CHRISTMAS

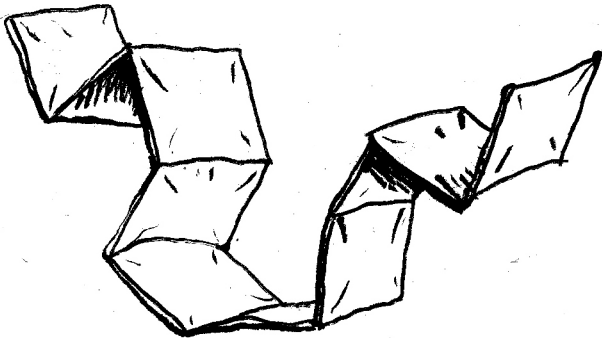
ON THE 12TH
DAY OF CHRISTMAS
MY DEALER GAVE TO
ME...



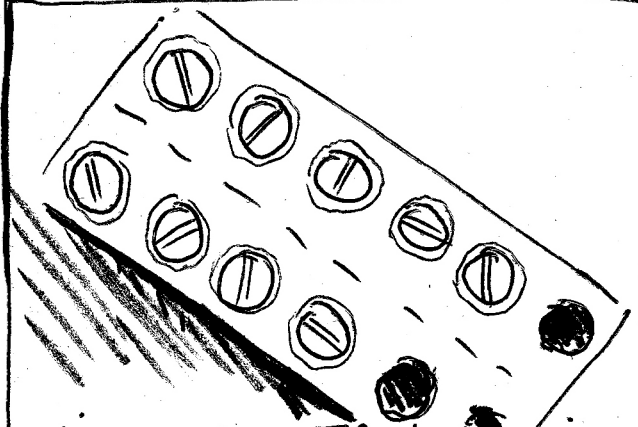
A USERS NEWS SUBSCRIPTION



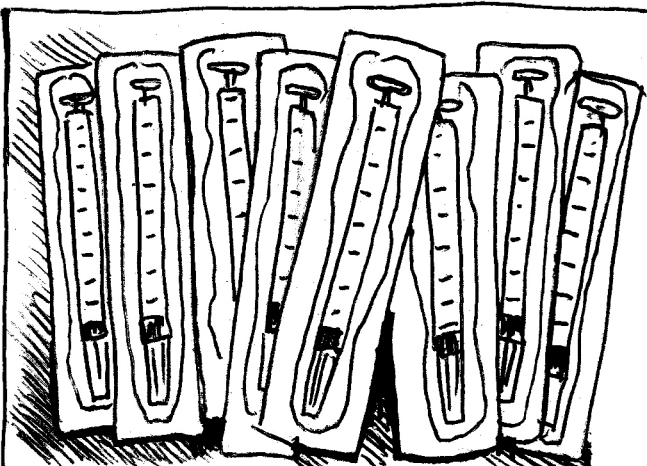
ELEVEN CIGARETTES



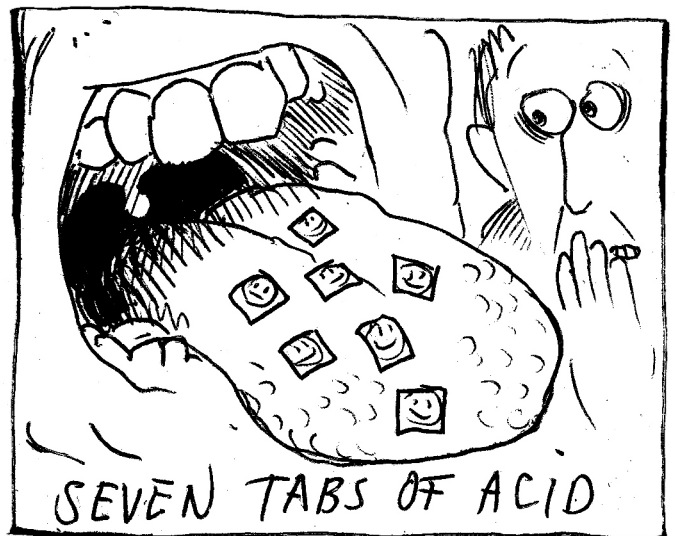
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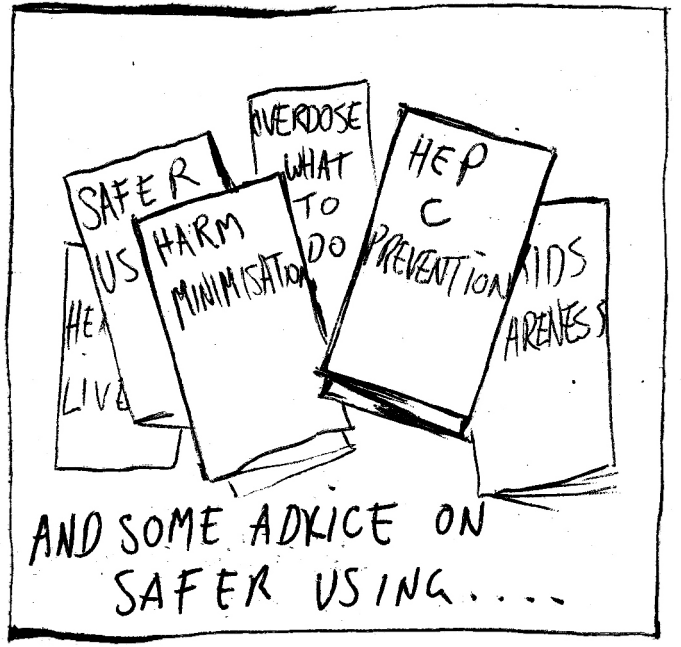
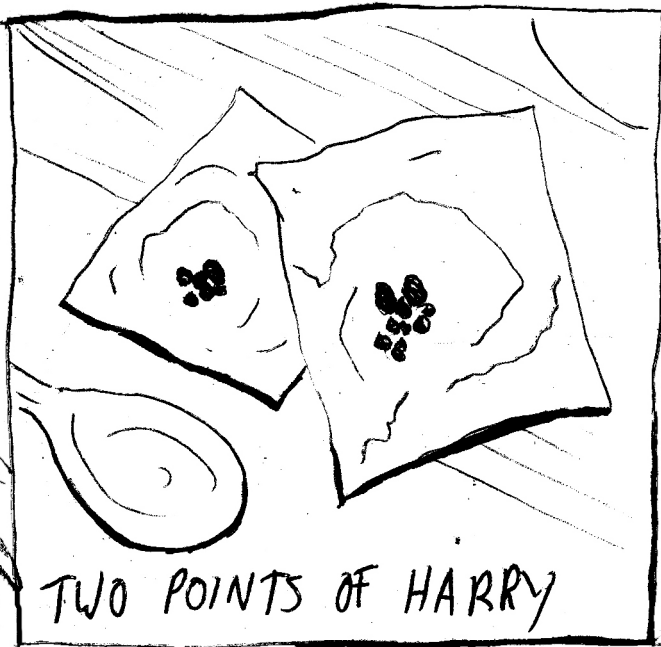
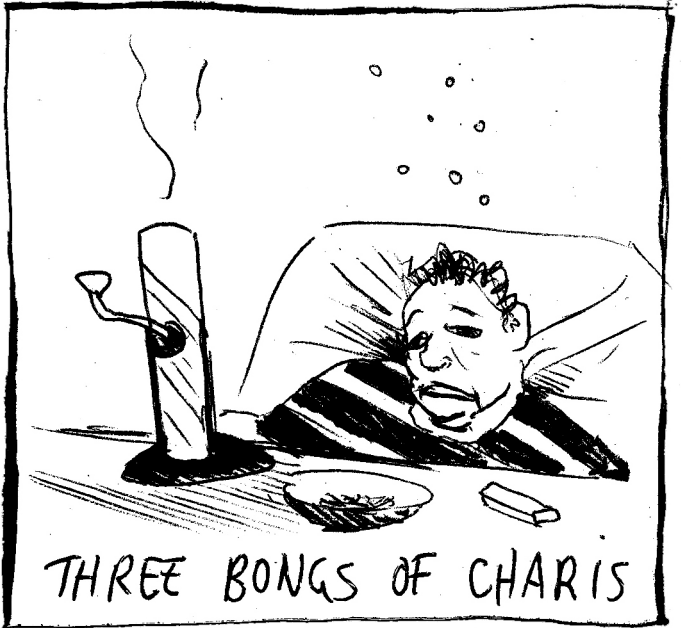
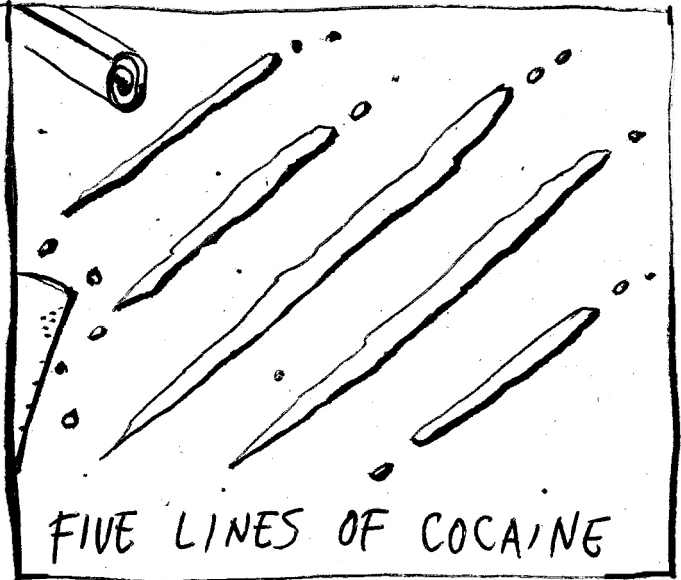
NINE FULL STRENGTH VALIUMS



EIGHT CLEAN SYRINGES



SEVEN TABS OF ACID



Keeping Safe over Christmas

Well, it's Christmas time again. A number of things come up for users at this time of year: organising pharmacotherapy doses and inter-state transfers; wondering if your dealer is going to be working on Christmas Day; sorting out injecting equipment when NSP hours change over Christmas as staff have a well earned break!

But for many of us there is no break from being a user. And the holiday period brings additional health issues for users, particularly overdose prevention and blood-borne virus awareness.

Christmas time is, of course, a time of excess consumption. It's a time when it's okay to get drunk and go silly at the office party and overdose on pork or turkey at Christmas dinner. For a drug user, however, excess consumption can sometimes have more serious consequences than a hangover or indigestion. Both "up" drugs like cocaine and methamphetamine and "down" drugs like heroin and other opioids can have negative consequences when used to excess or in combination with other substances.

Alcohol is always present around Christmas in Australia. Workplaces often throw parties with loads of booze or large bar tabs. For many people, Christmas Day itself begins with a drink and the drinking continues through and beyond Christmas dinner.

As some of us know from silly behaviour at past work parties, alcohol lowers our inhibitions and makes silly ideas seem brilliant. Usually these are harmless – photocopying your bum or getting it on with that person you've had your eye on all year. Likewise, alcohol can make taking drugs seem like a great idea. Again, this is often harmless and fun. But to make it so we need to remember a few key ideas.

Our limits are not limitless

To use more safely, we need to know about the drug we are taking and how it interacts with other drugs. We also need to know ourselves and our own limits.

The most obvious candidate for overdose potential is taking heroin or other opioids (morphine, oxy's, methadone, etc.) on top of alcohol. Alcohol and opioids "potentiate" one another (they make each other stronger when used together). Overdose becomes far more likely in this situa-

tion, no matter what your experience or tolerance levels.

If you are drunk then trying a drug for the first time might be irresistible. If this drug is an opioid the best thing to do is **to not do it while drunk**. The results are just too unpredictable. If you absolutely insist, make sure there is someone with you who knows something about opioids. (Better yet, go to the Medically Supervised Injection Centre if you are in Kings Cross. Let them know exactly what else you have on board.) Mix up a smaller amount than you usually would. There's an old wise saying: "You can put more in but you can't take anything out!"

If you are an experienced user using for the first time in a long while, then treat yourself like a total beginner. **Your tolerance will be low** - nowhere near the level it was when you were using regularly. It will be even lower if you have been drinking or have benzos on board.

Even if you are a current user running a habit, remember that you are not invincible. Experienced users overdose too - very often when opioids are used on top of alcohol or benzos. Use less than usual.

If you intend to use and drink, the least harmful way to go about it is to have your opioid dose first, then moderate your drinking. But remember: even the next day can be a dangerous time to use as people are often still drunk enough when they wake up for the alcohol in their system to interact and potentiate the opioids.

There are different issues when using "up" drugs on top of booze. Having a few lines of coke on top of a few drinks is pretty common around Sydney. But having loads of lines on top of loads of alcohol can lead to problems. Firstly, it's pretty well accepted that people drunk on booze and way high on coke can be obnoxious. A room full of other drunk people can be a volatile place. Violence or unacceptable behaviour are not unknown in these situations. Be mindful of this as you drink and use and try to avoid arguments and so on.

Another possible outcome of using a lot of coke, and in particular, a lot of methamphetamine, is lack of sleep. If it's one night out, that's one thing, but days on end without sleep can be bad for both your mental and physical health. We need sleep and food and going without can

lead in extreme cases to psychosis. Even in less extreme circumstances, the strain lack of sleep puts on your mind can lead to poor decision making. For instance, it might be tempting to have a few benzos or some opioids to help you relax or sleep after a long night or three, but the same issues outlined earlier remain: for both experienced and inexperienced opioid users it is a dangerous time to take them. If you do take opioids or benzos, particularly on top of alcohol, **go slowly**. Take small amounts and have gaps between using to ensure you are safe. This is called “titration” in medical talk and it’s about safely and slowly increasing dosages until the person is comfortable but safe.

Finally, just think a little bit about the strain you are putting on your body over this period. Eat healthily and sleep well when you have the opportunity.

Sharing and re-using injecting equipment

Injecting drug use often takes place in a sociable way. Often we have a using buddy and often we use in groups. This has the risk of blood-borne virus transmission. Even if we fully intend to use our own equipment, it can be confusing at the best of times. Add in alcohol and other drugs to the mix and the chances become greater of using a piece of equipment that could transmit hep C or HIV.

There is a concept called “mindfulness” which is useful when thinking about these issues. If we’ve been using and injecting for a long time, we undertake many actions almost unconsciously. We don’t even need to think about them. But that can almost be a bad thing because we can stop thinking about what we are actually doing. Mindfulness is about being in the moment, thinking about what you are actually doing and being aware of the possible consequences.

When using in a group this is really important. A few people all mixing up and using together generates a lot of activity. That increases the possibility of accidentally sharing equipment (and blood particles, which are often invisible to the naked eye). It takes an effort to keep all your using equipment to yourself.

An example of not being mindful: two of you have a shot and as you finish up, you put down your fit uncapped because you’re focussing on your rush. That fit is now a dan-

ger to your using partner. Another example: you and your friend put your fits down next to each other. Later on, you get confused about whose is whose. This might not matter if you have more sterile equipment, but over Christmas many NSPs are closed, forcing some people to reuse equipment when they ordinarily wouldn’t.

In these circumstances, planning is everything: think about what could go wrong or get confusing beforehand and your chances of confusing your equipment with someone else’s is substantially reduced. The simplest trick, of course, is to have **plenty of spare equipment**. If this is not possible, then mark your own equipment and only use your own.

Clean your equipment well away from anyone else and store it in a safe place (a tin pencil case, for example) in your bag or pocket.

Don’t leave things lying around to get confused. Recap your own equipment and ask others to recap theirs.

It’s not just the sharing of needles and syringes that can spread blood-borne viruses: make sure you have your own spoon, swabs, tourniquets and other equipment and mark them so you don’t get confused. Swab your fingers and think about where they have been before you make filters to put in the mix, for example.

The fly in the ointment, of course, is the excess alcohol and/or other drugs on board which can make being “mindful” very difficult. But establishing good habits is a great place to start.

Although it is difficult at this time of year, the key to keeping safe is thinking about what you are doing. Don’t just use how you always use if you have been drinking. Hep C doesn’t care if it’s Christmas, so be extra careful when using with others.

Too often we misjudge our limits at this time of year. No matter how drunk or high we are, we’re not invincible. Finally, a lot of partying happens in Kings Cross. If you are there and want to use, remember to visit the Injecting Centre – it might save your life!

Sione Crawford is the Community Mobilisation Team manager at NUA

CLEAN

I loved the instant gratification of the needle.

I had been using speed, acid and a lot of alcohol since my mid-teens and it was costing me hundreds of dollars of speed to get the same feeling that \$50 worth used to get me. At the age of 20 all my memories that I had successfully blocked out from childhood came flooding back. All it took was a smell or a sound and I had flashes of sexual abuse and beatings that I thought were long since buried.

I had been hanging out with Bridgette, a girl from my industrial coastal home town for a number of years. She took a kind of perverse pleasure shooting me up with speed. I looked away every time she shot me, like you do when you have a blood test at a pathologist's.

One day she said, "It's time you learned to do this." She coached me through the procedure. Soon I was a pro with the needle. I convinced myself with selective logic that shooting drugs was healthier than snorting or smoking it.

One day Bridgette brought over a rock of heroin that she had collected from Cabramatta. This was 1996. Heroin in Australia had suddenly become extremely pure and cheap. Most of it flooded out of Cabramatta and spread throughout the state. Bridgette pitched it to me: "You're going to love it. It's just like hash but through every part of your body." So I picked up the shot and spiked my vein. I felt it travel up my arm to my head and everywhere else. Then I started vomiting. That's all I can remember of the night – except for the look of horror on my flatmate's face when I arrived home. She kept saying, "What's wrong with your eyes, do you need a doctor? You look like death!"

The next day I woke up from the longest and best sleep I had since I was five years old. No nightmares, no bad feelings, no good feelings, just nothing. I did heroin again that day with Bridgette and we continued together on that path for a couple of years.

By 2000 I had no friends left in my city, only dealers and other users. I had long been evicted from my house and broke the heart of every family member I had. Bridgette was working in a brothel and I kept losing jobs. I owed a lot of money to Bridgette and together we owed thousands to dealers all over the city. We ran out of stories to delay the debts. I woke up one morning and thought, "I'm going to die if I stay here one more day."

I jumped on a train for Sydney and out to Cabramatta to set myself up with enough smack for a few days 'til I worked out what to do. The city was offering free accommodation to the homeless in backpackers' hostels. The Olympics were starting and the State Government didn't want the world to see how dodgy Sydney really was. I got a room near Central and set about starting my new life of misery all alone. I didn't want to hurt any more people I loved.

I found a dealer in the Cross and away I went. I needed money daily and knew the only way I could get it. I was still somewhat healthy looking and handsome, so I went to the top male brothel in town and was hired on the spot. The line I thought I'd never cross was gone forever. I worked for almost a year and made enough money to support my growing addiction and accommodation in hotels. Some nights there was only enough for the smack so I slept in parks or stayed up in the Cross all night 'til I returned to work. I spoke to no one except dealers and clients. I was the worst escort in the world, but like most junkies I was great at scamming my way through it. Most of my clients were older men and sex was secondary. They were lonely and I played on that.

One day a client looked me straight in the eye and said, "You can't live like this, mate. Stand up and we will walk out of here and I promise you that you'll never have to do this shit again." I took him for just another monster. No one helps anyone for nothing. But what happened next restored my faith in the human race. He took me

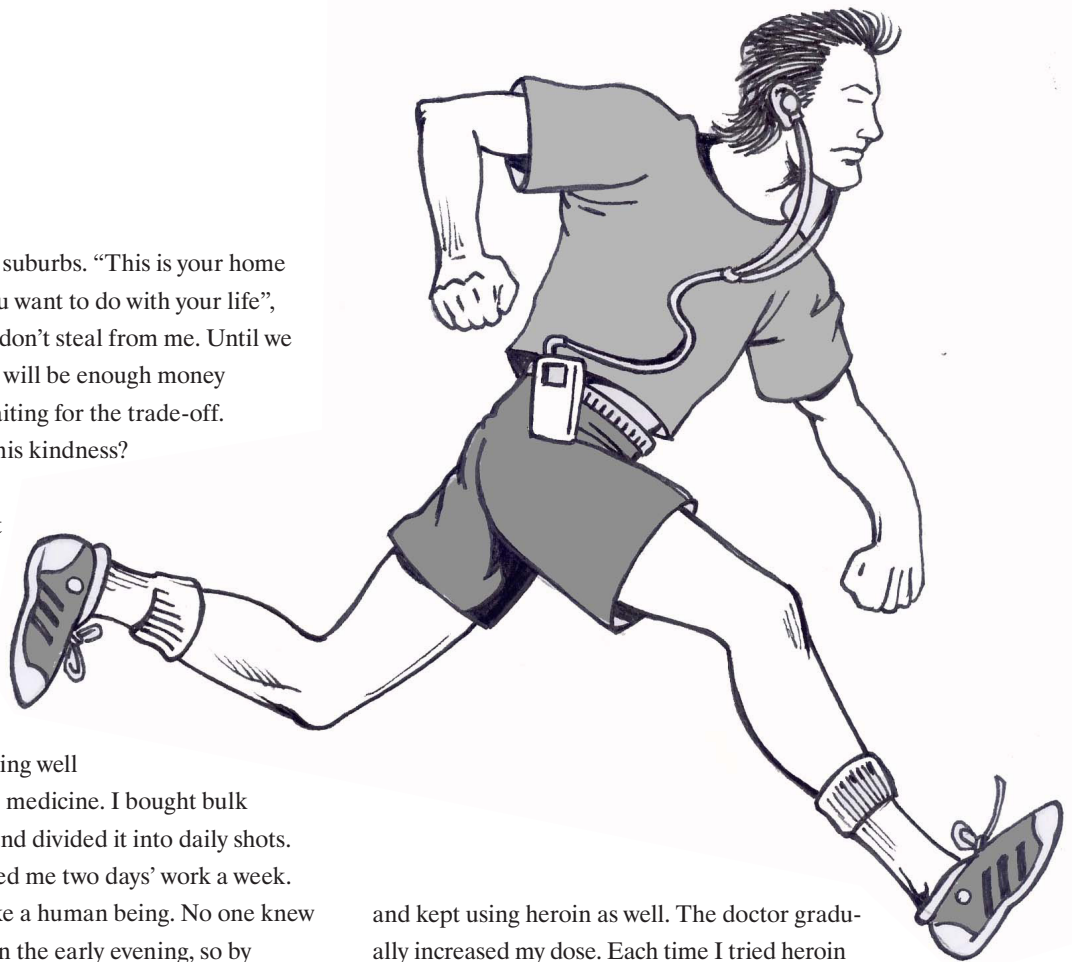
to a house in the Sydney suburbs. "This is your home until you decide what you want to do with your life", he said. "All I ask is you don't steal from me. Until we get you sorted out, there will be enough money for you to use." I kept waiting for the trade-off. What horrible price for his kindness?

It never came. He was true to his word. I hadn't experienced anyone who helped for the sake of helping in my whole life.

I enrolled in a TAFE welfare course, I was eating well and using my heroin like medicine. I bought bulk at the start of the week and divided it into daily shots. A study placement offered me two days' work a week. I began to feel almost like a human being. No one knew I was a junky: I shot up in the early evening, so by the time I got to work in the morning, I was mostly functional. The sickness didn't get bad 'til I was almost home in the afternoon. I discovered that I was great in this area of work and even got a promotion. It became the focus of my life. But I was still a junky.

I wanted to stop using. Not realising the damage I had done to myself over almost nine years, I tried to do a home detox. The second day I had seizures every 20 minutes and had to go to hospital. Once I stopped seizing I rang a dealer who ran to the hospital and relieved my pain. I realised then that I was fucked. I had neither the willpower nor the stamina to dry out cold turkey. I was a grown man who weighed just 45kg. I had to try another way. You can't shoot smack for a decade and just stop.

I went to a methadone prescriber and begged for help. I had been warned to stay away from methadone by every junky I ever met, but it turned out to be the best thing to happen to me. I began on the usual small starting dose



and kept using heroin as well. The doctor gradually increased my dose. Each time I tried heroin it worked less and less. I had the odd day without it and to my surprise I didn't get sick, just a bit tense. The dose went up to 100ml and the heroin no longer worked. I couldn't afford to buy larger quantities and I just started to let go of it. Every few weeks I scored and then got angry that I couldn't feel the shot. Heroin kept appearing in dreams: I'd score and the needle would be ready to go but something always happened and I'd be left hanging out in the dream.

One day I realised it had been three months since I had a shot. I never had another shot from that day on. I suddenly had money to buy clothes and food. Through work I began to meet people. I began friendships and had a social life for the first time in almost 10 years. I bought a car. I began to face things head-on. I sought counselling and dealt with many childhood trauma issues in a way that helped me accept my past and build my future. I studied more and became a respected professional.

Illustration: Bodine

CLEAN (CONT.)

After two years on the same dose I asked my prescriber to take me down. I dropped 2.5ml a fortnight. It seemed to go on forever but I just took my biodone every day. I didn't notice the reduction at all until I hit 15ml, when I felt uncomfortable for two or three days. I could see the end so I just kept going. I got down to 5ml and my clinic gave me four takeaways. I used two and just stopped. I had just a week and a half of sickness. Just your run-of-the-mill flu, nothing like the horror of cold turkey from heroin. I had been jogging, doing weights and eating very healthily to prepare for it and it served me well.

I want you guys out there who are struggling to know that there is hope. While methadone has a bad reputation,

it can also be a godsend. It gives those of us with no strength the chance to build ourselves up, to function and to fix parts of our lives. I know if I hadn't tried it I would be dead now. It is a long-term commitment but worth it if you take it slow with consistent but small reductions. I have been clean from heroin for just under five years and almost two from methadone.

For everyone still out there stuck in the loop, take care, be safe and when you're ready just remember there are ways out.

Michael-Paul

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Measuring Risk in Injecting: How do we know what we know?

Some of you may have answered surveys at NSPs or treatment centres asking you about your drug use. These surveys are important as they help researchers and policy makers keep track of trends in drug use and injecting practice. But as researchers, we know that every question can be influenced by a number of things that might make the answer more or less inaccurate.

A group from the United Kingdom recently published a paper exploring the accuracy of information collected about injecting practice and risk for hepatitis C. Whenever you answer a question, you have to interpret its meaning, recall the event (or events) and decide how to answer. For example, if you were asked how many times you had seen your doctor in the last year you would have to decide what type of doctor (GP, methadone doctor, emergency room, sexual health doctor and so on), decide what a year means (in 2010 or in the last 12 months), think about how many times you had seen that doctor (or doctors) and then decide whether and how you want to give that information to the researcher. When you are asked about how many times you share a needle and syringe, the processes become much more complex. The UK research tackled one particular part of the process, which was how participants understood questions about sharing of injecting equipment.

The researchers asked questions of 204 people recruited from Liverpool in England and Glasgow in Scotland. Participants were recruited from drug treatment centres and asked two sets of questions. In the first set, participants were asked to complete a standard survey. They were asked questions like: "Has your syringe ever been filled from one that had already been used by someone else (backloading/frontloading)?" In the second set, participants were shown videos of different injecting practices such as backloading and asked whether they had ever had their drugs provided to them in that way. The videos were made during an earlier study when the researchers spent a lot of time with people who inject drugs. The videos were real, not simulated, and were

of people injecting in their own settings. The research was approved by ethics committees and the participants each received a £5 shopping voucher.

The researchers then wanted to know whether participants' answers were consistent. That is whether their answers to the pen-and-paper survey matched the answers they gave when they were shown the videos. The researchers also wanted to know whether different types of people were more or less likely to be consistent in their answers.

The researchers were interested in whether the answers given by the same person were consistent. But they were not assuming that the person was lying or deliberately giving different answers.

The purpose of this research was to think about how standard questions written on the survey were interpreted by the participants. Did the participants understand the term "backloading" in the same way as the researchers? Did providing a video of what the researchers called "backloading" change participants' answers? Did some groups of participants have different understandings of backloading? All of this is important if we want to provide better and more useful information to people who inject drugs to inject safely.

The majority of people gave consistent answers on the survey and video. But a considerable number of people answered differently. That is, when they answered the standard questions they said they had not shared (by backloading) but said that they had shared when shown the video. This shows that some people do not see some practices as sharing of injecting equipment. This is important for two reasons. First, it means that the results of research might underestimate how much sharing of equipment is occurring. Second, written health education pamphlets may not be useful to provide detailed information. Visual information might be needed to give information about specific risk practices in injecting drug use.

Measuring Risk in Injecting (cont.)

There was a difference in the responses to the research depending on how long people had been injecting. Those who had been injecting for a shorter time were more likely to say they had been back- or frontloading when shown the videos. This is important as it shows that information about hepatitis C risk is needed by people newer to injecting. In fact the authors of this UK paper suggest that information about safer ways to inject should be provided to people who do not inject so that they are well informed if they decide to inject.

Another interesting finding is that some people said they did share when answering the standard questions, but said they did not share when shown the video. This may mean that there are different injecting practices among groups of people.

The researchers also took saliva samples from the participants and found that almost three-quarters had a positive hepatitis C antibody result. This means that these people had been exposed to hepatitis C. Another test (a HCV, RNA or PCR test) is needed to tell if the person has chronic hepatitis C or whether the infection has cleared without treatment. The UK result of 74% is a little higher than we see in results taken in the fingerprick survey conducted in a lot of Australian NSPs. About 50%-60% of people have hepatitis C antibodies in the Australian study.

I think this paper is very important for us in NSW for a couple of reasons. Firstly, the information collected in surveys at NSPs can be used to decide when and how health promotion programs should run. If the data shows that there are not many people sharing equipment, then it might be decided that no hepatitis C prevention programs are needed. But as researchers we know that the information we collect from surveys is never 100% accurate. We should always see answers to survey questions as estimates of what occurs in reality. We could run this research in NSW to see how close the information we collect on surveys is to what people

say when they see videos of injecting practice.

We could use this information to decide on what hepatitis C prevention messages should be promoted.

Second, this research shows us the importance of communicating clearly and specifically about injecting and risk. Injecting is a highly technical practice and involves many steps. Each of those steps may include a theoretical possibility of hepatitis C risk (depending on what happens before or after). This is very complicated for an individual to assess and also very difficult to communicate in health promotion pamphlets. Using other ways to communicate, especially visual messages, may be very important to provide specific and detailed information.

Finally, what I like about this research is the use of real videos. These videos were not made by health professionals or researchers pretending to inject. The UK researchers used videos they took of people injecting after spending a lot of time with them and gaining their trust.

This kind of research really makes us think about how we know what we know and what assumptions we can make about data in a report. What we ask people in surveys can be very removed from their real life. This research from the UK has reminded us that research findings are only one very particular representation of life. It also reminds us of the limitations of research in describing very complicated practices like injecting drug use.

Carla Treloar

National Centre in HIV Social Research

A Kennel with a View

Another night out ripping off scrap metal. We'd filled up the ute to its capacity, so we went home to wait a couple of hours until the scrappy opened.

My man at the time didn't use drugs or smoke pot, but he loved the booze, chronically. It was four in the morning and he opened a can to start his day, but he was just

following on from the day before. They say it avoids a hangover. By the time we were ready to leave he was well on his way to being pissed again.

Usually I didn't care how much he drank He did his thing and I did mine, that was our own business. But driving up the mountain on the hour-long trip to the scrappy's,

he was all over the road, so I told him that if I couldn't drive then let me out. We weren't going to make it if he drove. He wouldn't pull over, so we continued to argue. After 15 minutes of a big yelling match along the highway, we came up to road works. The traffic was backed up, so we had to stop.

Before I could get out he king hit me. Fuck, I wasn't expecting that. He'd never hit me before. That was it, out I got. The traffic was stopped behind us. I ran towards the first car for help, but I saw the people inside lock their doors. I started towards the next car, and its occupants did the same. Fuck this, I thought. I turned and looked for somewhere to run to. I saw a farm house and, just down the road, a large warehouse. I ran up the embankment for about 50 metres through a padlocked side gate. I knocked quickly on the double sliding doors, hoping that someone was home, hoping I could wait until the shit died down and my man fucked off. After a short time I realised the house was empty.

I turned back to see two dogs (a black and a blond Labrador) standing a foot before me. The thought of guard dogs never entered my mind. Standing a foot in front of me they began to bark at me.



Illustration: Rose Ertler

A Kennel With a View (cont.)

Holy shit, I thought. Thank God, they were also wagging their tails. I was all good. From the street, I heard my man calling out to me as he drove up and down. Now the dogs weren't a worry, he was. I needed a hiding spot. A dog kennel nearby was just the size, so I hopped in. It took about 20 minutes for my ex to accept the fact that he wasn't going to find me and fuck off. I waited another 20 minutes sitting in the kennel, looking around at nothing, just listening.

I was almost ready to hitch home. I glanced into the fenced-off back yard. Smack bang in the middle was the biggest mull plant I'd ever seen. I was looking straight at it the whole time but I mistook it for a pine tree – the crownies at the end of each branch looked the same shape. I gathered my thoughts: get out of here. Quickly. But not before I take a sample of this motherfucker. I went in and took a bit off the bottom branches, so you couldn't see that it had been taxed. That way I could come back later and get the lot.

Hoping no one saw me I returned to the highway. Hitching for about five minutes I caught a ride. He was a young lad, good looking too. I stank like pot and if I could smell it, he could too. I piped up with

a story: just before he picked me up I'd hung a piss in the bushes. Wacko, I came across a mull plant so of course I picked it.

I asked him where he worked. He replied "Silverwater Correctional Centre". Bullshit, I thought. I quickly offered him a bud. He didn't really want it but I made him take it. If I got done, he would too. He took me where I wanted to go and that was it.

I never saw him again.

When I finally got home Ron was there for me, pissed but very apologetic, with my share of the earnings from the night before. I went to meet my dealer, got my shit, had a shot and went home to veg out for the day. When I was smashed I didn't give jack shit what Ron said or did. I just shut my eyes and went noddy for a while, preparing myself for the next night's work ripping off scrap metal.

Sandi

Meals and Services During the Christmas Period

services may be have limited vacancies at peak times

Hope Street Urban Compassion	The Station	St Constantine & Helen Greek Orthodox Church
Tom Uren Place 91 Forbes Street Woolloomooloo	82 Erskine St (cnr Clarence St) Wynyard, City	378 King Street Newtown
Referrals for homeless people Drug and alcohol counselling Community Aid and Emergency Assistance	Marzana drug and alcohol Homeless persons of 21 years and older Drop-in-centre Monday - Friday 7:30 am - 4 pm (shower/laundry available to 1:45 pm)	Open for everybody Free lunch Monday - Friday 12 - 2 pm [Closed during church services] Contact details: 95197868
Drop-in centre and backshed café \$1 meals Monday - Friday 10 am - 3 pm Free meal and service Sunday 9 am Contact details: 9358 2388	Free lunch 12:30 pm Contact details: 9299 2252	

Heroin Without the Habit: Tales from Paul Kelly

Just in time for the Christmas stockings, Australian singer/songwriter Paul Kelly has released *How To Make Gravy*, a “mongrel memoir” of his 30-year career. (The book’s title is named after his award-winning 1996 song, one of the great Christmas songs of the late 20th Century.)

The book is a landmark in some ways: it celebrates one of the few Australians who has been able to sustain a successful songwriting and performing career for so long; and it’s a candid glimpse of a respected figure in our culture who, until now, has jealously guarded his privacy.

Anecdotal and episodic, it’s the kind of book that sits beloved on a dunny shelf or a bedside table, dipped into now and again. It takes a chronologically free journey through Kelly’s life and career using his song lyrics as stepping stones.

A brief but surprisingly frank chapter early on addresses Kelly’s long-term usage of heroin in the 1970s, ’80s and ’90s. Describing heroin as “the one for me... the perfect fit”, he speaks of his first taste at 21, and his on again-off again relationship with skag over the next 20 years. He describes how his first marriage ended because both he and his wife were too tempted by the lure of the white. Kelly maintains he never developed a “habit”, but used it as a “reward for hard work. Flick the switch inside and all anxieties would fall away.”

In an interview with Kerry O’Brien for ABC’s *7:30 Report*, Kelly gave his reasons for writing about his heroin usage: “I thought I had something to say about heroin that was different to the usual narrative. The usual story of heroin is either a tragedy or redemption. I just thought there was another story there. People do use hard drugs recreationally and not all the time. People can use drugs like heroin without having a habit. I never did.”

Scientific research backs him up. In 2005, amidst cries of “irresponsibility” from anti-drug groups, Scotland’s Caledonian University published a study of over 100 people who used heroin. The study found most of these users able to maintain employment, relationships and study regimes. Although almost a third of those surveyed reported some form of drug-related health problem, most did not require medical treatment.

Baron Adebowale, CEO of UK social care organisation Turning Point, dismissed claims that the report presented heroin as a “safe” drug. “The report says that if you have a job, if you have a house, an income, are well educated and have a health system to support you, it’s possible to survive an addiction to a pretty serious substance. Most people who use heroin don’t have this.”

According to the report’s author Dr David Shewan, the report showed “the chemical properties of specific substances, including heroin, should not be assumed to inevitably lead to addictive and destructive patterns of drug use.”

Despite the outrage in the British press, the report’s findings were hardly news. Dr Jerome H. Jaffe, later appointed President Nixon’s Drug Czar, wrote in 1970, “The addict who is able to obtain an adequate supply of drugs through legitimate channels and has adequate funds usually dresses properly, maintains his nutrition, and is able to discharge his social and occupational obligations with reasonable efficiency. He usually remains in good health, suffers little inconvenience, and is, in general, difficult to distinguish from other persons.”

While continuing research is essential for a greater understanding of the science surrounding people who use drugs, it may not provide the rhetoric required to capture the attention of the wider community. As the Caledonian University researchers discovered, science’s rational voice can too easily be drowned out by the popular media’s knee-jerk reactions and often irresponsible fearmongering.

Kelly baulks at the idea of advocating any particular position on heroin: “I think the last thing the world needs is pop singers giving advice.” Nevertheless, people like Kelly – respected and successful members of society who are brave enough to talk frankly about their experiences with drugs – may end up being the ones who can move the debate surrounding heroin away from the tabloid mentality of demonising drug users towards common sense.

Mathew Bates

2010 Findings from The NSW Illicit Drug Reporting System (IDRS)

The Illicit Drug Reporting System (IDRS) is a government-funded research project that looks at drug trends and related issues in Australia. The study mainly looks at heroin and other opioids, methamphetamine, cocaine and cannabis. Participants are asked about the price, purity and availability of illicit drugs as well as harms associated with drug use. The government uses the findings generated by such research to make better informed policy decisions. In the IDRS we ask participants who are regularly injecting drugs about a whole range of drug types.

Drug of choice

Nationally, over half (54%) of the people we spoke to said that heroin was their drug of choice. In NSW nearly three-quarters (71%) reported heroin as their preferred drug. Since the IDRS started in NSW in 1996, heroin has always been reported as the drug of choice by the majority of participants. Cocaine and methamphetamine have been the next most commonly reported drugs of choice. Recently, however, the popularity of methamphetamine has been decreasing.

Recent use of heroin, methamphetamine, cocaine and cannabis

The use of heroin in the last six months continues to be high in NSW (92%) compared to the national average (64%). Recent use of speed and base in NSW was lower than in 2009 (speed: 29% in 2010 vs. 33% in 2009; base: 29% in 2010 vs. 36% in 2009). Recent ice/crystal, cocaine and cannabis use remained stable.

Frequency of heroin, methamphetamines, cocaine and cannabis use

Heroin was reported by recent NSW users (used in the last six months) to be used around every second day (this remained stable compared to 2009). In 2010 in NSW, ice was reported to be used approximately twice a month (stable compared to 2009), while speed and base were used approximately monthly, which is lower than 2009 reports of around twice a month. The frequency of cocaine use dropped from around nearly weekly to around twice a month in 2010. The frequency of cannabis use remained stable compared to 2009.

Recent use and frequency of other drugs including morphine and oxycodone

We calculate how often people are using different drugs based on how often they used a drug in the last six months, so daily would be 180 days. The recent use of illicit oxycodone in NSW was higher in 2010 (33% in 2010 vs. 27% in 2009). Recent illicit morphine use in NSW also slightly higher (31% in 2010 vs. 28% in 2009), however was lower than the national average (42%). Fewer users reported the recent use of illicit methadone syrup, buprenorphine, buprenorphine-naloxone and benzodiazepines in NSW in 2010.

Price, purity and availability of heroin, methamphetamine and cocaine

The IDRS also asked participants about the price, purity and availability of different drug types at the moment. Overall, heroin has remained stable with the majority of the NSW sample reporting the purity as "low" and availability "very easy" or "easy" to obtain. Methamphetamines were also relatively stable: purity of speed and base were considered "medium", while ice/crystal was "high". All forms were considered "very easy" or "easy" to obtain. In 2010, a gram of cocaine was slightly cheaper compared to 2009, purity reported as "high" and availability "very easy" or "easy" to obtain.

We should point out that, because we interview in areas where there's quite a bit of drug use, we have always had a lot of participants telling us drugs are easy to get in Sydney. Of course, this isn't always the case in other parts of NSW (or other states and territories).

Health and criminal indicators

Among the participants in the NSW IDRS survey, over half (58%) reported re-using their own syringes, while 13% reported borrowing a syringe and 19% lending a syringe. The majority of the NSW sample reported scarring or bruising (31%) and difficulty injecting (27%) as the main injecting problems experienced in the last month.

Of the NSW sample, nearly half (44%) self-reported a mental health problem, mainly depression (65% of those who reported a problem). Nearly three-quarters reported attending a health professional. Drug dealing and property

crime were reported as the main criminal activities in the last month. Nearly half (44%) of the NSW sample has been arrested during the 12 months.

What to keep an eye on in 2011?

The use of Levamisole in cocaine: Levamisole is an immunomodulator, meaning it can strengthen or weaken your immune system. It was recently found in large numbers of cocaine samples analysed in Sydney and around the world. We're not sure why dealers are cutting cocaine with it since Levamisole is expensive and can make users sick. One theory is that it makes cut cocaine look more like pure cocaine than other cutting agents. Levamisole has been used to treat intestinal worms in humans and to help rev up the immune system after chemotherapy. However, it can lead to agranulocytosis (a crash in the immune system which can turn a small cut/abrasion into a life-threatening infection). It's now mainly used to de-worm cattle and sheep. Unfortunately, Levamisole has a cumulative effect which means that the more of it you take, the more likely you are to get sick.

There has been some anecdotal evidence from key experts that a small number of fentanyl patches have been diverted and injected. Really small numbers reported this in NSW and across Australia (less than five people total). Fentanyl is used for chronic pain management. It is 100 times more potent than morphine. The effects of fentanyl last a very short time and it is therefore more addictive than heroin as users may need to use it more frequently. As fentanyl can be more potent than street heroin, it can cause significantly worse respiratory depression, meaning the risk of overdose is very high.

Acknowledgements

We are grateful to all those who have participated in the IDRS, both past and present — your input has been important and valued. Thanks also to our funders, the Australian Government Department of Health and Ageing, and to all the individuals and organisations that provided input and support. While there are too many to list here, we would also like to acknowledge their contributions.

Jennifer Stafford, Natasha Sindicich and Laura Scott
National Drug and Alcohol Research Centre

How long for a Clean Urine?

Going to rehab any time soon? Most rehabs require you to have no drugs in your system before they'll admit you. Many people choose to go to detox before they go to rehab, but if you're self-detoxing at home before you go to rehab, the following guide could be useful.

Alcohol	8 - 12 hours
Amphetamines	2 - 4 days
Barbiturates	
(short-acting eg. seconal)	1 day
(long-acting eg. phenobarbital)	2-3 weeks
Benzodiazepines	3 - 7 days
Cannabis first-time users	1 week
long-term users	up to 66 days
Cocaine	2 - 4 days
Codeine	2 - 5 days
Ecstasy (MDMA / MDA)	1 - 3 days
LSD	1 - 4 days
Methadone	3 - 5 days
Opiates (eg. heroin, morphine)	2 - 4 days
PCP	10 - 14 days
Steroids (anabolic) taken orally	14 days
taken other ways	1 month

Note:

Cocaine is difficult to detect after 24 hours.

A special test is needed to detect Ecstasy, as it is not detectable in a standard test.

Testing for LSD has to be specially requested.

Monoacetyl morphine (confirming heroin use) cannot generally be detected after 24 hours, and it converts to just morphine.

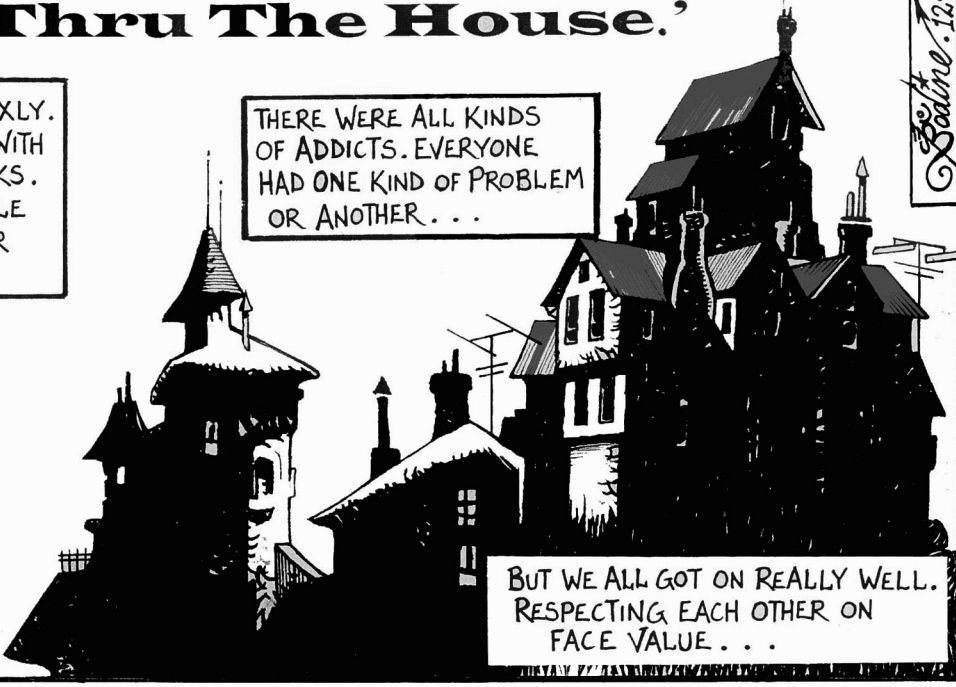
The information here was drawn from drug-testing labs, medical authorities, and internet reports. It is intended as a general guide only, and cannot be guaranteed for accuracy. The times given refer to the standard urine test - other tests may be more specific and accurate. Detection times will vary depending on the type of test used, amount and frequency of use, metabolism, general health, as well as amount of fluid intake and exercise. Remember, the first urination of the day will contain more metabolites (drug-products detected by the test) than usual.

'And All Thru The House.'

Bohne 12:10

25 YEARS AGO, I LIVED IN HEXLY. IN A HUGE BOARDING HOUSE WITH MANY OTHER ASSORTED FREAKS. MOST OF US EITHER ON THE DOLE OR SICKNESS BENEFITS ~ FOR 'NERVOUS DISORDER.'

THERE WERE ALL KINDS OF ADDICTS. EVERYONE HAD ONE KIND OF PROBLEM OR ANOTHER...



DECEMBER 24th
1985.

BUT WE ALL GOT ON REALLY WELL. RESPECTING EACH OTHER ON FACE VALUE...

BUT IF WE WERE THE HAPPY LITTLE PIGGIES: LIVING PEACEFULLY IN OUR HOUSE OF BRICKS...

— THEN OFFICER BIG, OF HEXLY POLICE, WAS OUR PERSONAL BIG BAD WOLF. ...

— HE WAS ON US, CONSTANTLY.



OFFICER BIG;
C-Q: 10-4.

- PRETTY QUIET NIGHT... OVER...



QUIET? — TOO QUIET, IF YA ASKING ME! — OVER...

THESE DAMNED FREAKS GOTTA BE SOMEWHERE!

I'LL TRY THE PUB...

THIS ONE CHRISTMAS EVE, WE ALL GOT OUR PAYMENTS ON THE SAME DAY, SO WE ALL HEADED TO HEXLY HOTEL - FOR A BIG MEAL AND A COMMUNAL PISS UP. ...



OFFICER BIG SHOWS UP...

HE ARRIVES UNSEEN.

EVERYTHING WAS GOING SIMPLY SWIMMINGLY — UNTIL THEN.



EVERYONE GOT AWFUL QUIET . . .

SOMEONE HAD LEFT A BOTTLE OF RUSH ON THE BAR . . .



IT HAPPENED SO FAST! HE TOOK IN A HUGE LUNGFUL OF AMYL NITRATE . . .! TIME STOPPED. WE WENT INTO SHOCK.



SO... WHAT'S THIS, THEN? ?!

THE DRUG DID ITS DARK AND LEGENDARY THING . . .

NOBODY ANSWERED HIM . . .



THERE WAS SOMETHING . . . REWARDING . . . IN HIS EYES.



OFFICER BIG DISAPPEARED INTO THE NIGHT BEFORE CHRISTMAS. -THERE WAS A MOMENT OF CONFUSED + FEARFUL SILENCE . . .



-AND IT WAS ONE OF THE BEST TIMES I EVER HAD! END.



SHORT STREET SEXUAL HEALTH CLINIC, KOGARAH: 02 9113 2742
UPZONE YOUTH HEALTH CLINIC, HURSTVILLE: 02 9570 9678
SUTHERLAND SEXUAL HEALTH CLINIC, CARINGBAH: 02 9113 2742

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- Treatment & counselling
- STI & HIV information
- Free condoms & lube
- Interpreters are available on request
- No Medicare Card required
- No referral needed
- Hepatitis A & B vaccinations

SOUTH EASTERN SYDNEY
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Tomorrow Do Thy Worst, for I Have Lived Today

Of all the things I couldn't carry off when I lived in Saigon — which, make no mistake, were legion — buying drugs was the thing I carried off the most fucking abysmally. While my best friend Mike could exchange money, heroin and casual Vietnamese chit-chat in a single handshake, I would stall my scooter, stumble with heels and idiom and handbag, wave my money vaguely around in the air, and then slip the little packet in my bra with all the discretion of a drag queen. Our dealer Thanh, fearing cops and mafia, banned me from his patch.

"But where will I...?" I stammered on Pham Ngu Lao Street, trying to kick my scooter stand up.

"Is okay, Katie. I come to you. I come soon," he said. He was petite, like most Vietnamese men, and very handsome. "You and me still friends, okay? But go away."

In the expat world, we were the weird gang. Mike was a fey actor/comedian of indeterminate ethnic origin from San Francisco, who had given up acting/comedying to come to Vietnam and become a heroin addict.

I was a former army kid, moved around a lot, which meant I became a juvenile delinquent with a thirst for travel. I had already tried to be an actor; they're usually army kids too. But I hadn't got anywhere. Besides, I kept disappearing on myself.

Then there was Darius. Darius and I looked like twins — both skinny with untamable blond curls, both slightly taller than was attractive. Being tall made me feel masculine, so I compensated by wearing heels. We were the most conspicuous white people in Saigon, so we decided to make a feature of it. If Mike was the funniest person I knew (and he was), Darius was the most interesting. He was a New Yorker — he had those big vowels. What do you want for breakfast? AWHRange juice and KWAHRfee. His mother was German, and in 1988, when he was 20 and it looked like the Berlin Wall was just about to crumble, he jumped on a plane and moved there for a year. Just to be part of the fun. He'd come to Vietnam four years prior to research his doctorate on film and the Vietnam War and postmodern something. (Back when postmodernism was still in fashion.) Columbia dropped him around the same time we picked

him up. He was the best poet I'd ever met. Still is.

Despite his relentless sarcasm and propensity to answer questions with reference to Roland Barthes' *A Lover's Discourse: Fragments*, Darius bagged the most lucrative English teaching job in the city: the South Korean expatriates. They were a sweet, xenophobic gang who lived in gated communities as far away from the Vietnamese as possible, frequently invited him to scrumptious dinners and paid him handsomely in crackling American dollars. Three days before he left Vietnam for Laos he handed them over to me.

"Don't screw it up, Katie."

"I'm so not going to screw it up," I said. And did a little shimmy to underline my commitment. "I'm going to talk them English good and take their US dolla."

He jerked my arm and looked at me like how one smart fucked-up person looks at another. As in kind of depressed. "No, I really mean it. Don't screw it up."

"Hey, I'm not going to screw it up."

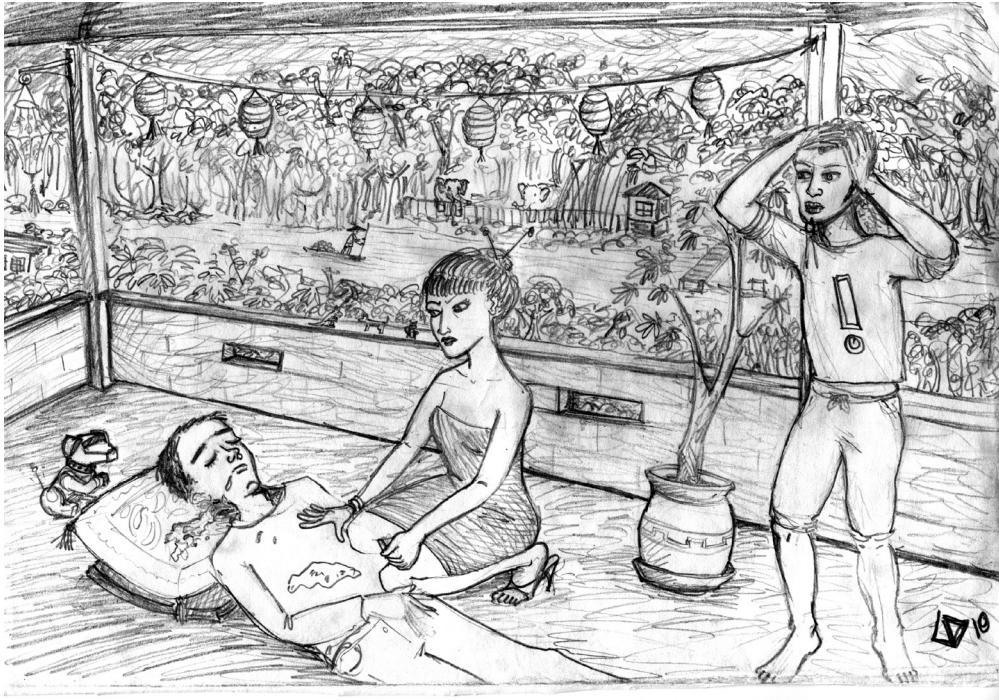
I screwed it up *sideways*. The night before the first lesson, I stayed up smoking heroin. Then in the morning I took two aspirin out of Mike's bathroom without even looking at the packet, then I did look at the packet and they were sleeping pills. I managed not to die riding my Lambretta over the other side of town while drifting into sleep and traffic, but I nodded off in the first 10 minutes of a private family class. They sacked me.

But that was later. The story I want to tell is about the night Darius overdosed on heroin. It wasn't exactly me and Mike's fault, although it's true to say that it happened during the party we were throwing for him on our balcony. And it's true to say the definition of "party" had come to mean the three of us staying up all night doing drugs. And, if it comes down to it, it was true to say that Mike and I introduced him to heroin in the first place.

Mike and I lived across the river from the zoo, so we listened to the elephants honking at dusk.

We had decorated the balcony in the kind of garish kitsch we loved Vietnam for — multicoloured plastic animals

Tomorrow Do Thy Worst (cont.)



from *The Island of Dr Moreau*; exotically tassled lantern holders made for tourists in Hoi Ahn; battery-charged miniature Tron dogs that walked around on a lead. Then, for Darius's entertainment, Mike pretended to be an elderly, philandering American ambassador to South East Asia and I pretended to be his evil, drunken, bitter wife — which led, inevitably to a discussion about the sexual politics of Asia.

“Why do western men fuck Vietnamese hookers when they wouldn't fuck hookers at home?” I asked Darius.

“*But that was in another country,*” he said, “*and besides, the wench is dead.*”

The smell of Saigon bounced off the river. Fish sauce and condensed milk and motor oil and jungle. By 9pm we were nodding off, then we'd all come to at the same moment, smoke some more, and resume the conversation. What we talked about was intensely, uniquely fascinating. Whatever it was.

We woke up from the nod about three times before we realised Darius hadn't. Not for quite a while now.

I stroked his face, and when that didn't work, Mike kicked him. He immediately woke up.

“There're no edges.”

You couldn't argue with that. It was curves all the way.

“Gimme the... thing,” he mumbled.

“No!” I said. But handed him the foil and drugs anyway.

“Stay awake and talk to us. You're being so insular.”

“That's because I am an island,” said Darius.

“You, Katie, are a continent.”

“Is he saying I'm fat?” I asked Mike. We all nodded off, woke up, smoked more gear, and nodded off again.

“Why do we get so fucked up?” asked Mike, at one point.

“*But that was in another country,*” I said, “*and besides, the wench is dead.*”

“I so know you don't know what that means,” said Mike.

“Did Darius tell you that?”

Mike and I were a bit competitive about Darius. We both wanted him to like us best. Naturally he liked me best,

Illustration: Ursula Dyson

because I was brainy and read books, and that pissed Mike off. Mike just had his fashionably mixed-race good looks. He tried to claim some kinship 'cause they were both American, but I don't think Darius bought it. They had a bit of a West Coast/East Coast problem, like some Americans have. I'm from Townsville myself, where the east and west are largely indivisible, bogans all. It was morning, and the elephants were bellowing again. Neither of us could remember when Darius had last said something. We discussed it. We dropped off. The next time we woke up because of the crash. We all struggled to locate it. Hell, I think we fell asleep again before Mike said, "What was that?"

Darius lay on the floor of our balcony, his cheek in a pool of vomit. His body so hulking and splayed I wondered how he ever comfortably slept. I screamed, for want of a better response, and checked his pulse, which I couldn't find. Neither could Mike.

The crucial difference between Darius and, say, me, was that I was brand loyal. I took to heroin like a dog takes to repetitively fetching tennis balls. I even stopped drinking, and I did love drinking. Darius on the other hand, perhaps because he was an academic at heart, loved chemistry. Pills and gear and pathetic hill-tribe dope and uppers from Bangkok and Tiger beer, all swilled around in his noxious steaming cauldron of a stomach. The bastard fucker.

"You fuck wake up you fuck you fuck you fuck fuck you." There was no conceivable way we could allow him to die in this country. What could we do, with no cops to help us, or ambulance, or parents or friends or good samaritans or infrastructure? Wake up you fuck you fuck you fuck fuck you. His ridiculous over-consumption enraged us because it missed the whole point of being in Vietnam. Pure and white and cheap and dreamy, with no fits to exchange and no need to pump things up with pills, the gear was un-overdoseable. Hell, I had put on weight in Vietnam. Scabs and spots aside, I'd never been so healthy. I held down jobs for months at a time. (Although not with the South Koreans, obviously.)

"We'll have to dump his body," said Mike. "If he's dead."
"How can you possibly think that's a helpful thing to say."

"I'm not trying to be helpful," said Mike. "I'm trying to formulate a plan."

We looked at each other murderously. I crouched over Darius and pumped at where I thought his heart might be, then I remembered you spread your fingers out first, so I did that. And returned to the spot I thought his heart might be. Hesitantly, I blew my toxic morning breath into his mouth. I felt ridiculous, like an actor. I had no idea if what I was doing was right or not, but I quickly developed a feverish frantic enthusiasm for the job.

I knew there was supposed to be counting but neither Mike nor I could remember the numbers. The weird thing was that it worked. Darius was dead for a while, but the banging away on his chest somehow, flukishly, miraculously worked.

"WaAHRarh. You forking punched me in the chest." And then he threw up again.

So that's it, that's the story I wanted to tell you, for what it's worth. Darius lived for a good year more; long enough to get us off the hook. In the end he died in Laos — overdosed on opium tea. I went to the funeral. His mother came from New York and they burned his body on a pile of sticks. The local girlfriend he'd picked up said she'd put his diaries in there. I nearly decked her. She said she thought he would have wanted that; I knew he wouldn't. He'd have wanted someone to publish them and then make a movie about him.

Darius' death was the circuit-breaker. I detoxed myself in a little hut in Laos, part of something called an "eco-tourist resort", which was really just a series of basic huts squeezed between river and jungle, so there was nowhere to run. Then I went to Europe and travelled around, bumming off friends. Mike went back San Francisco. I missed him, but I was an army kid, so I didn't notice. Instead I pretended Darius was still alive, scratching out his poetry in Vientiane. Sometimes I wrote him postcards, with his name but no address, and slipped them into postboxes in London and Antwerp and Berlin.

Eventually I went home and finally settled down and did something else entirely. But that was *way* later.

Katie

Get Hooked on Fish

As the weather gets warmer we look for summer dishes that are light and quick to prepare. So why not add seafood to your shopping list - they offer a bounty of nutritional goodness.

Why Eat Fish?

In short, fish is good for you. It's an excellent source of protein, a good source of heart-friendly omega-3 fats, iodine and vitamins. There is also evidence that people who eat a lot of fish can have lower rates of depression.

Oily fish like salmon, mackerel, sardines and blue eye trevalla are rich in omega-3 fats, which offer many health benefits: they make your blood less likely to clot; they keep heartbeat regular; their anti-inflammatory properties may help ease chronic health problems affecting skin and joints. They also lower the levels of triglycerides, a type of blood fat.

Fish with edible bones, like canned sardines, also supply calcium.

How Much Fish?

For adequate supply of marine omega-3, Heart Foundation Australia recommends enjoying at least two fish meals, preferably with oily fish, each week. One serve of fish equals 80-120g cooked fish fillet (the size of the palm of your hand) or 85g tinned fish (a small can).

Care with Mercury

Eating fish has many benefits, but you may need to take extra care with some types of fish. Certain species, such as shark (flake), marlin and swordfish, contain levels of mercury that, in large quantities, may be harmful to pregnant women and children up to six years of age. Generally, mercury levels tend to concentrate in fish that are large, longer living, and predatory (eat other fish) at the top of the ocean food chain. If you're going to eat fish considered high in mercury, limit your servings to 150g shark (flake) or billfish (swordfish and marlin) per fortnight, or 150g orange roughy (deep sea perch) or catfish per week. Don't eat any other fish in that period.

Most species of fish don't contain high mercury levels. They can be eaten 2-3 times a week. Ask your fishmonger if you have more questions.

Cooking Fish

People often say the reason they don't eat more fish is they don't know how to cook it! Fish is very versatile. You don't have to get fancy – canned tuna is perfectly fine. Tuna flavoured in the can with herbs, garlic and onion, *etc.* is a tasty option. Simply have it in a sandwich or in a salad.

Fish is tender, delicate and requires a short cooking time. Cooking fish and getting it right is mostly about temperature. Overcooking will destroy much of the flavour and make the fish tough. Perfectly cooked fish is when the flesh is white and the flakes separate easily. Fish can be steamed whole, poached, baked, barbecued, grilled or lightly pan-fried.

Add fish to stir-fries or pasta. Spice up your fish! Add your favourite spices and garlic to give your fish extra flavour.

If good quality fresh fish isn't available, make the most of the convenience of frozen fish products.

How to Get Your "Two Serves per Week"

Here are some quick and easy ideas to get you started:

Sardines – mash in a bowl with a little vinegar, serve on toast with cherry tomatoes and cracked pepper on the side.

Bake salmon in the oven with a fresh breadcrumb and pesto crust on top.

Wrap your favourite whole fish in baking paper, followed by foil. Place it on a barbecue, cover and let the heat work its magic.

Easy fish curry – cook a chopped onion and garlic in oil until softened. Stir in a teaspoon of curry powder. Add a can of reduced-fat coconut milk and a can of diced tomato. Bring to simmer. Add sliced fish fillets and cook for five minutes until fish is cooked through. Serve on rice, topped with coriander leaves.

Lia Purnomo

Albion Street Centre

Refreshing Tuna Salad (serves 2)

There's barely any cooking involved in this super-easy salad. It's a great summer meal.

Preparation time: 15 minutes

Ingredients

1 small tin of tuna in spring water

1 celery stalk, thinly sliced

½ red onion, sliced or diced

1 cucumber, quartered, thickly sliced

1-2 tomatoes, chopped

2 tablespoons roughly chopped fresh parsley

1 tablespoon chopped mint leaves

Dressing: ¼ cup lemon juice, 1 tablespoon olive oil,

1 clove garlic, crushed

Lebanese bread, lightly toasted

What you need:

- Can opener
- Big bowl to mix salad
- Small bowl to mix dressing
- Fork
- Chopping board
- Knife

Method

1. Drain the tuna by opening the can part-way with a can opener and pressing the tuna with the lid until all liquid is removed. Plop the tuna in a large bowl and break the chunk apart with a fork.
2. In a large bowl, toss together cucumber, tomatoes, celery and onion. Add tuna, parsley, mint and gently toss.
3. Make dressing: whisk together the garlic, olive oil and lemon juice in a small bowl until well combined. Season to taste.
4. Pour the dressing over salad and toss gently. Serve immediately with toasted Lebanese bread.

Tips for tuna salad:

Don't be afraid to experiment with different, tangy additions to your salad like capers, balsamic vinegar or dill.

If you can't drain every last drop of water from the tuna, don't worry. A small amount of water will keep your tuna salad more moist.

Summer seafood skewers (makes 12)

Seafood skewers are great for a summer barbecue.

You can use any firm fish that can be cut into cubes.

They are fun to make and easy to cook!

Preparation time: 15 minutes + 30 minutes marinating

Cooking time: 10 minutes

Ingredients

700g fish fillets, skin removed

14 green prawns, shell removed

Marinade:

Juice of 1 large juicy lemon

2 tablespoons sweet chilli sauce

1 tablespoon olive oil

1 tablespoon fish sauce

2 teaspoons brown sugar

1 ½ tablespoons chopped coriander

1 clove garlic, minced

What you need:

- 12 bamboo skewers
- Small bowl for marinade
- Shallow ceramic dish to marinate skewers
- Grill or barbeque
- Knife
- Chopping board

Method

1. Soak the bamboo skewers in water for 30 minutes to prevent them from burning or charring.
2. Cut the fish into 3cm cubes. Shell and de-vein prawns, leaving tails intact.
3. Thread the prawns and fish alternately onto the pre-soaked bamboo skewers. Only fill the skewers to half or ¾ so you have a 'handle' to turn them easily.
4. Combine the marinade ingredients and pour over the seafood skewers, turning so they are well coated on all sides. Cover and refrigerate for at least 30 minutes.
5. Preheat barbecue plate or char grill to medium-high. Cook skewers for 1 to 2 minutes each side, or until seafood becomes opaque. Brush skewers with marinade while you cook. Throw away any raw marinade after cooking. Serve straight from the barbecue with a mixed salad.

Help Lines

ACON – AIDS Council of NSW

1800 063 060
Sydney callers: 9206 2000
Health promotion. Based in the gay, lesbian, bisexual and transgender communities with a focus on HIV/AIDS.
Mon - Fri 10 am - 6 pm

ADIS – Alcohol & Drug Information Service

1800 422 599
Sydney callers: 9361 8000
General drug & alcohol advice, referrals & info. NSP locations and services etc. 24 hrs

CreditLine

1800 808 488
Financial advice and referral.

Hep Helpline

1800 803 990
Sydney callers: 9332 1599
www.hep.org.au
Mon - Fri 9am - 5pm
Info, support and referral to anyone affected. Call-backs and messages offered outside hours. Email questions answered.

HIV/AIDS Infoline

1800 451 600
Sydney callers: 9332 9700
Mon - Fri 8am - 6.30pm
Sat 10am - 6pm

Homeless Persons Info Centre

(02) 9265 9081 or (02) 9265 9087
Phone info & referral service for homeless or at-risk people.
Mon - Fri 9am - 5pm

Karitane

1800 677 961
Sydney callers: 9794 2300
Parents info & counseling. 24hrs
www.swsahs.nsw.gov.au/karitane/

Lifeline

13 11 14
Counseling & info on social support options. 24 hrs.

MACS – Methadone Advice & Conciliation Service

1800 642 428
Info, advice & referrals for people with concerns about methadone treatment. List of prescribers.
Mon - Fri 9.30am - 5pm

Multicultural HIV/AIDS & Hepatitis C Service

1800 108 098
Sydney callers: 9515 5030
Support & advocacy for people of non English speaking background living with HIV/AIDS, using bilingual/bicultural co-workers.

Prison's HepC Helpline

Free call from inmate phone for info & support. Enter MIN number and PIN, press 2 for Common List Calls, then press 3 to connect.
Mon - Fri 9am - 5pm

St. Vincent De Paul Society

Head Office: 9560 8666
Accommodation, financial assistance, family support, food & clothing.
Mon - Fri 9am - 5pm

Salvo Care Line

1300 363 622
Sydney callers: 9331 6000
Welfare & counseling. 24hrs

SWOP – Sex Workers Outreach Project

1800 622 902
Sydney callers: 9319 4866
Health, legal, employment, safety, counseling & education for people working in the sex industry.

Self-help & Complaints

NA – Narcotics Anonymous

(02) 9519 6200
Peer support for those seeking a drug-free lifestyle.
24 hr number statewide.

CMA – Crystal Meth Anonymous

0410 / 324 384
Regular meetings around Sydney. Call for times and locations.
www.crystalmeth.org

SMART Recovery – Self-Management & Recovery Therapy

(02) 9361 8020
Self-help group working with cognitive behavioural therapy.

Family Drug Support Hotline

1300 368 186
Support for families of people with dependency. 24 hours

NAR-ANON

(02) 9418 8728
Support group for people affected by another's drug use. 24 hours

Women's Information & Referral Service

1800 817 227
**Anti-discrimination
Board of NSW**
1800 670 812
Sydney callers: 9268 5555
Mon - Fri 9am - 5pm

Health Care Complaints Commission

1800 043 159
Discrimination, privacy & breaches of confidentiality in the health sector.

NSW Ombudsman

1800 451 524
Sydney callers: 9286 1000
Investigates complaints against the decisions and actions of local government and NSW police.

Legal Services

CRC - Court Support Scheme

(02) 9288 8700
Available to assist people through the court process.

Disability Discrimination Legal Centre

(02) 9310 7722
Provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.

HIV/AIDS Legal Centre

1800 063 060 or
(02) 9206 2060
Provides free legal advice to people living with or affected by HIV/AIDS.

Legal Aid Hotline

1800 10 18 10
For under 18s.
Open 9am - midnight during the week
24 hours on weekends

Legal Aid Commission

(02) 9219 5000
May be able to provide free legal advice and representation. The Legal Aid Central office can also put you in contact with local branches.

The Shopfront Youth Legal Centre

(02) 9360 1847
Legal service for homeless and disadvantaged young people.

ASK! - Advice Service Knowledge

(02) 8383 6629
A free fortnightly legal service for Youth, run by the Ted Noff's Foundation (Randwick & South Sydney) in Partnership with TNF & Mallesons and Stephen Jaques Lawyers.

Medical Services

Aboriginal Medical Service, Redfern
(02) 9319 5823

Albion Street Centre, Surry Hills
1 800 451 600 or (02) 9332 9600
Free testing for HIV / hepC & other. Medical care, nutritional info & psychological support for people living with HIV & hepC.

Haymarket Foundation Clinic, Darlinghurst
(02) 9331 1969

Walk-in homeless clinic on 165B Palmer St Darlinghurst. No Medicare card required.

Mission Australia, Surry Hills
(02) 9380 5055

Dentist, optometrist, chiropractor, mental health. Medicare card and income statement required.

KRC - Kirketon Road Centre, Kings Cross
(02) 9360 2766

For 'at risk' youth, sex workers, transgender and injecting drug users. Medical, counseling and social welfare service. Methadone & NSP from K1. No Medicare required.

MSIC - Medically Supervised Injecting Centre, Kings Cross
(02) 9360 1191

A safe supervised place to inject. 66 Darlinghurst Road, Kings Cross opposite train station.

South Court, Penrith
1800 354 589

Medical service, sexual health & nurses. Vaccinations, blood screens, safe injecting & general vein care. No Medicare required.

Youthblock, Camperdown
(02) 9516 2233

12 – 24 years. Medical and dental available etc. No Medicare required.

The Buttery, Bangalow
Ph: (02) 6687 1111

Fairfield Drug Health Service, Prairiewood
Ph: (02) 9616 8800

Detour House, Glebe
Ph: (02) 9660 4137

Gorman House Detox, Darlinghurst
Ph: (02) 9361 8081 / (02) 9361 8082

Hadleigh Lodge, Leura
Ph: (02) 4782 7392

Herbert St Clinic, St Leonards
Ph: (02) 9906 7083

Inpatient Treatment Unit, Ward 64, Concord Hospital
Ph: (02) 9767 8600

Jarrah House, Little Bay
for women and children
Ph: (02) 9661 6555

Kathleen York House, Glebe
for women with children
Ph: (02) 9660 5818

Kedesh House Rehabilitation Service, Berkeley
Ph: (02) 4271 2606

Lakeview, Belmont
Ph: 4923 2060

Lorna House, Wallsend
Ph: (02) 4921 1825
Appointment required

Langton Centre, Surry Hills (Outpatient Service via Sydney Hospital selective process only)
Ph: (02) 9332 8777

Lyndon Withdrawal Unit, Orange
Ph: (02) 6362 5444

Meridian Clinic, Kogarah
Ph: (02) 9113 2944

Miracle Haven Bridge Program, Morrisset
Ph: (02) 4973 1495 / (02) 4973 1644

Nepean Hospital, Penrith
Ph: (02) 4734 1333

O'Connor House, Wagga Wagga
Ph: (02) 69254744

Odyssey House, Eagle Vale
Ph: (02) 9820 9999

Orana Outpatient Withdrawal Management Service, Wollongong
Ph: (02) 4254 2700

Phoebe House, Banksia
Ph: (02) 9567 7302

Riverlands Drug & Alcohol Centre, Lismore
Ph: (02) 6620 7608

St. John of God, Burwood
Ph: (02) 9715 9200 or 1300 656 273

St. John of God, North Richmond
Ph.: (02) 4570 6100 or 1800 808 339

The Salvation Army Bridge Program, Nowra
Ph: (02) 4422 4604

South Pacific Private Hospital, Curl Curl
Ph: 1800 063 332

The Ted Noffs Foundation, Randwick
Ph: (02) 9310 0133 or 1800 151 045

The Ted Noffs Foundation, ACT
Ph: (02) 6123 2400

The Ted Noffs Foundation, Coffs Harbour
Ph: (02) 6651 7177

The Ted Noffs Foundation, Dubbo
Ph: (02) 6887 3332

WHOS - We Help Ourselves, Redfern
Ph: (02) 9318 2980

WHOS - We Help Ourselves, Cessnock
Ph: (02) 4991 7000

William Booth Institute, Surry Hills
Ph: (02) 9212 2322

Wollongong Crisis Centre, Berkeley
Ph: (02) 4272 3000

Ward 65, Concord Hospital
Ph: (02) 9767 8640

This list includes detoxes, rehabs and counselling services. This is not a comprehensive list. Ring ADIS on (02) 9361 8000 for more.

Where to Get Fits

NSP Location	Daytime No	Alternative No	NSP Location	Daytime No	Alternative No
Albury	02 - 6058 1800		Murwillimbah / Tweed Valley	02 - 6670 9400	0429 919 889
Auburn Community Health	02 - 9646 2233	0408 4445 753	Narooma	02 - 4476 2344	
Bankstown	02 - 9780 2777		Newcastle / Hunter	02 - 4016 4519	0438 928 719
Ballina	02 - 6620 6105	0428 406 829	New England North Regional Area (referral service)	0427 851 011	
Bathurst	02 - 6330 5850		Nimbin	02 - 6689 1500	
Bega	02 - 6492 9620	02 - 6492 9125	Nowra	02 - 4424 6300	
Blacktown	02 - 9831 4037		Orange	02 - 6392 8600	
Bowral	02 - 4861 0282		Parramatta	02 - 9687 5326	
Byron Bay	02 - 6639 6635	0428 - 406 829	Penrith / St Marys	1800 354 589	
Camden	02 - 4629 1082		Port Kembla	02 - 4275 1529	0411 408 726
Campbelltown MMU	02 - 4634 4177		Port Macquarie	02 - 6588 2750	
Canterbury (Repidu)	02 - 9718 2636		Queanbeyan	02 - 6298 9233	
Caringbah	02 - 9522 1046	0411 404 907	Redfern (REPIDU)	02 - 9699 6188	
Coffs Harbour	02 - 6656 7934	02 - 6656 7000	St George	02 - 9113 2943	
Cooma	02 - 6455 3201		St Leonards - Herbert St Clinic	02 - 9926 7414	
Dubbo	02 - 6885 8999		Surry Hills - Albion St Centre	02 - 9332 1090	
Goulburn S.East	02 - 4827 3913		Surry Hills - ACON	02 - 9206 2052	
Grafton	02 - 6640 2229		Surry Hills - NUAA	02 - 8354 7300	
Gosford Hospital	02 - 4320 2753		Sydney CBD	02 - 9382 7440	
Hornsby	02 - 9977 2666	0411 166 671	Tamworth	02 - 6766 8081	
Katoomba / Blue Mountains	02 - 4782 2133		Taree	02 - 6592 9315	
Kempsey	02 - 6562 6066		Tumut	02 - 6947 1811	
Kings Cross KRC	02 - 9360 2766	02 - 9357 1299	Tweed Heads	07 - 5506 7556	
Lismore	02 - 6622 2222	0417 489 516	Wagga	02 - 6938 6411	
Lismore - Shades	02 - 6620 2980		Windsor	02 - 4560 5714	
Liverpool	02 - 9616 4810	02 - 9616 4809	Woy Woy Hospital	02 - 4344 8472	
Long Jetty	02 - 4336 7760		Wyong Hospital	02 - 4394 8298	
Manly / Northern Beaches	02 - 9977 2666		Wyong Community Centre	02 - 4356 9370	
Merrylands	02 - 9682 9801		Yass	02 - 6226 3833	
Moree	02 - 6757 0222	02 - 6757 3651	Young	02 - 6382 1522	
Moruya	02 - 4474 1561				
Mt Druitt	02 - 9881 1334				

This is not a comprehensive list. If you can't contact the number above or don't know the nearest NSP in your area, ring ADIS on 02 - 9361 8000 or 1800 422 599. ADIS also has a state-wide list of chemists that provide fitpacks.



ANTHONY'S STORY

"Drinking, smoking, thieving. That was the only life we knew," recalls Anthony of his childhood.

"I first smoked heroin when I was 16. My cousins would rock up with gear and money. And the dealer lived next door. You just couldn't get away from it."

The decade that followed was one of extremes. It saw Anthony become a parent, and get recognised for his work with indigenous kids. But it also saw him struggle in and out of a serious heroin dependency, relationship troubles and jail where he was terrified of contracting Hepatitis-C from dirty equipment.

Like many, his treatment journey was far from simple, and not always successful. **"The first time I was offered something, it just wasn't what I wanted,"** Anthony says. There was also pressure to do things quickly, something he strongly cautions against. **"You need to do things slowly, properly. Or it can fall apart and you have to do it all over again."**

So what was his turning point? **"My Nan had a stroke a couple of years back, and that was it. I decided to get on a program for good."** This time Anthony tried a different approach. **"It was a better option for me, less chance to stray off. It's definitely made me more stable."**

It's also giving him the freedom to enjoy what's really important. His family. **"Being able to go away with the kids, without having to worry. You just feel good about yourself."**

He looks up and nods. **"It took a while, but I'm there. That's all that matters."**

Everyone's story is different. To know more about opiate dependency treatment options ask your healthcare provider for an Options Pack or visit www.mytreatmentmychoice.com.au





PO Box 278 Darlinghurst NSW 1300 Australia
345 Crown Street, Surry Hills NSW 2010
† 02 8354 7300 or 1800 644 413 † 02 8354 7350
e nuaa@nuaa.org.au w www.nuaa.org.au

Monday - Friday 10:00 am - 5:30 pm
except Tuesday 2:00 - 5:30 pm

The New South Wales Users & AIDS Association (NUAA) is an independent, user-driven, community-based organisation funded by NSW Health. NUAA aims to advance the health, rights and dignity of people who use drugs illicitly; provide information, education, and support for drug users; promote the development of legislation and policies to improve drug users' social and economic well-being; and improve the quality and standards of services available to drug users.

NUAA relies on a strong and active membership - people who support the work and aims of the organisation. NUAA membership is free, confidential, and open to anyone interested in the issues affecting people who choose to use drugs illicitly. You can become a member of the association (receive voting rights, stand for election, and receive *User's News*) by sending the completed form below to NUAA. You can use the same form to be placed on the *User's News* mailing list. Copies of *User's News* are posted free of charge in a plain envelope.

To join NUAA - or just receive *User's News* - complete this form and post it to NUAA

Inmates, please give MIN number:.....

Name:

Address:.....

City / Suburb:..... Postcode:.....

Phone:..... Mobile:.....

Email:.....

- Please send me information about NUAA.
- I want to be emailed NUAA's monthly newsletters.
- I am already a member of NUAA / on the mailing list, but am updating my details.
- I want to be a member of NUAA AND I want *User's News*.

I support NUAA's aims and objectives. I want to receive *User's News* and information on NUAA events and activities. I am allowing NUAA to hold this information until I want it changed or deleted. (If you want to be a member, but don't want *User's News*, tick here .)

- I want *User's News* ONLY.

I don't want to be a member, but I want to receive *User's News* and information on NUAA events and activities. I am allowing NUAA to hold this information until I want it changed or deleted.

Signature..... Date:.....

Personal Information Statement:

We collect this information to add you to our database and/or notify you of information and events relating to NUAA. We store this information either in hard copy or electronically or both. Access to your information is strictly limited to staff who need it to act on your behalf. Your information will not be passed on to any other organisation. You can access and correct your personal information by contacting our Privacy Officer on (02) 8354 7300 or freecall 1800 644 413.